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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/2/2020 10:55 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 7/2/2020 Time: 10:55 am
2. [ ] Manually prepared 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 01/01/2019 and ending 12/31/2019 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) FRANK RUNION
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	2,701,068	-359,367	0	0	1.00
2.00	Subprovider - IPF	0	27,087	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	-5,517		0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	2,728,155	-364,884	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 01/01/2019 To 12/31/2019 | Worksheet S-2 Part I Date/Time Prepared: 7/2/2020 10:55 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: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2019	12/31/2019	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 01/01/2019 To 12/31/2019 | Worksheet S-2 Part I | Date/Time Prepared: 7/2/2020 10:55 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.	28,052	8,621	761	1,417	93,068	215	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.	89	38	0	0	538		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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.	Y	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 01/01/2019 To 12/31/2019 | Worksheet S-2 Part I Date/Time Prepared: 7/2/2020 10:55 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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustement? Enter "Y" for yes or "N" for no in column 2.	Y	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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/2/2020 10:55 am

				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA 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)			16.05	473.12	0.032811	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

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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	5.78	29.92	0.161905	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.62	44.24	0.013821	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.14	0.64	0.179487	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	0.73	28.64	0.024855	67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	1.00	23.67	0.040535	67.04
67.05		PEDIATRICS GENERAL	2000	0.59	64.84	0.009017	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)	N	N	0	76.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-2 Part I Date/Time Prepared: 7/2/2020 10:55 am

		V	XIX	
		1.00	2.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	
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	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-2 Part I Date/Time Prepared: 7/2/2020 10:55 am

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	3,869,387	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-2 Part I Date/Time Prepared: 7/2/2020 10:55 am

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
					1.00	
	Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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)			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	5,460	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-2 Part II | Date/Time Prepared: 7/2/2020 10:55 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	04/01/2020	Y	04/01/2020	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 01/01/2019 To 12/31/2019 | Worksheet S-2 Part II Date/Time Prepared: 7/2/2020 10:55 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 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/2/2020 10:55 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 01/01/2019 To 12/31/2019 | Worksheet S-3 Part I Date/Time Prepared: 7/2/2020 10:55 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	931	339,860	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)		931	339,860	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)		1,243	453,740	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	24	8,760		0	16.00
17.00	SUBPROVIDER - IRF	41.00	3	1,050		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)		1,270				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 01/01/2019 To 12/31/2019 | Worksheet S-3 Part I | Date/Time Prepared: 7/2/2020 10:55 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)	61,359	11,600	229,714			1.00
2.00	HMO and other (see instructions)	31,308	100,903				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	576				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)	61,359	11,600	229,714			7.00
8.00	INTENSIVE CARE UNIT	5,757	9,086	18,057			8.00
9.00	CORONARY CARE UNIT	3,863	1,016	16,309			9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	2,583	30,462			9.01
10.00	BURN INTENSIVE CARE UNIT	7	55	2,206			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.02	UH SURG 6IC	1,453	0	4,044			11.02
11.03	UH NS 3IC	0	0	0			11.03
11.04	RH PED IC	43	2,768	10,161			11.04
11.05	TRANSPLANT ICU	730	0	2,035			11.05
11.06	PEDS CANCER CARE	140	0	3,198			11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		3,908	4,797			13.00
14.00	Total (see instructions)	73,352	31,016	320,983	668.74	8,538.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,255	366	5,236	0.30	55.00	16.00
17.00	SUBPROVIDER - IRF	0	89	855	0.00	6.00	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	35,909	0	81,420	0.00	348.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	102.00	24.00
24.10	HOSPICE (non-distinct part)			787			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)				669.04	9,049.00	27.00
28.00	Observation Bed Days		0	18,062			28.00
29.00	Ambulance Trips	8,768					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	215	4,232			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 01/01/2019 To 12/31/2019 | Worksheet S-3 Part I | Date/Time Prepared: 7/2/2020 10:55 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	10,970	2,724	47,285	1.00
2.00	HMO and other (see instructions)			4,262	10,832		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				31		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	10,970	2,724	47,285	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	123	57	712	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	3	47	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 01/01/2019 To 12/31/2019 | Worksheet S-3 Part II Date/Time Prepared: 7/2/2020 10:55 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	666,406,971	-3,551,017	662,855,954	20,685,197.00	32.04	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		853,334	0	853,334	15,135.00	56.38	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	36,089,476	0	36,089,476	1,256,008.00	28.73	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)		74,292,654	-891,342	73,401,312	2,369,259.00	30.98	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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		207,659,414	0	207,659,414			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		25,025,405	0	25,025,405			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		326,175	0	326,175			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		8,355,184	0	8,355,184			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

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-3 Part II Date/Time Prepared: 7/2/2020 10:55 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	109,879	0	109,879	5,428.00	20.24	26.00
27.00	Administrative & General	5.00	14,125,598	247,226	14,372,824	277,960.00	51.71	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	4,682,902	-10,822	4,672,080	131,448.00	35.54	29.00
30.00	Operation of Plant	7.00	5,771,533	-20,505	5,751,028	220,197.00	26.12	30.00
31.00	Laundry & Linen Service	8.00	8,399	0	8,399	666.00	12.61	31.00
32.00	Housekeeping	9.00	811,364	-1,151	810,213	53,420.00	15.17	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	8,017,176	-69,776	7,947,400	412,622.00	19.26	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	20,249,275	-162,344	20,086,931	489,555.00	41.03	38.00
39.00	Central Services and Supply	14.00	8,578,129	-40,540	8,537,589	442,039.00	19.31	39.00
40.00	Pharmacy	15.00	30,642,513	-840,152	29,802,361	664,727.00	44.83	40.00
41.00	Medical Records & Medical Records Library	16.00	107,307	0	107,307	4,122.00	26.03	41.00
42.00	Social Service	17.00	5,134,544	-2,701	5,131,843	171,618.00	29.90	42.00
43.00	Other General Service	18.00	1,861,977	-8,549	1,853,428	102,913.00	18.01	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-3 Part III Date/Time Prepared: 7/2/2020 10:55 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)		629,464,161	-3,551,017	625,913,144	19,414,054.00	32.24	1.00
2.00	Excluded area salaries (see instructions)		74,292,654	-891,342	73,401,312	2,369,259.00	30.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)		555,171,507	-2,659,675	552,511,832	17,044,795.00	32.42	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.)		239,253,152	0	239,253,152	0.00	43.30	5.00
6.00	Total (sum of lines 3 thru 5)		982,794,545	-2,659,675	980,134,870	22,287,293.00	43.98	6.00
7.00	Total overhead cost (see instructions)		100,100,596	-909,314	99,191,282	2,976,715.00	33.32	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-3 Part IV Date/Time Prepared: 7/2/2020 10:55 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	53,540,618	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)	2,849,938	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	78,258	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)	124,513,144	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	2,931,032	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	383,560	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)	3,303,872	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,230,213	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	46,234,383	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	265,152	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	4,036,007	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	241,366,177	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-3 Part V Date/Time Prepared: 7/2/2020 10:55 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	241,366,177	1.00
2.00	Hospital	17,618,597	241,366,177	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 01/01/2019 To 12/31/2019 | Worksheet S-4 | Date/Time Prepared: 7/2/2020 10:55 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	3,289	194	1,705	5,188	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,417.00	0.00	5,212.00	7,629.00	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)		8.10	0.00	8.10	4.00
5.00	Other Administrative Personnel		122.98	2.74	125.72	5.00
6.00	Direct Nursing Service		62.58	0.26	62.84	6.00
7.00	Nursing Supervisor		1.00	0.00	1.00	7.00
8.00	Physical Therapy Service		37.03	0.00	37.03	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		16.78	0.00	16.78	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.16	0.00	0.16	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		4.55	0.00	4.55	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		2.83	0.00	2.83	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	INFUSION AND RT		90.54	0.26	90.80	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.		5			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			29200			20.02
20.03			34620			20.03
20.04			99915			20.04

		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	9,202	2,907	617	252	12,978	21.00
22.00	Skilled Nursing Visit Charges	2,599,643	837,018	188,302	72,209	3,697,172	22.00
23.00	Physical Therapy Visits	12,102	1,573	565	234	14,474	23.00
24.00	Physical Therapy Visit Charges	4,088,875	531,318	190,970	79,092	4,890,255	24.00
25.00	Occupational Therapy Visits	3,747	1,300	46	103	5,196	25.00
26.00	Occupational Therapy Visit Charges	1,266,486	439,400	15,548	34,814	1,756,248	26.00
27.00	Speech Pathology Visits	170	98	11	2	281	27.00
28.00	Speech Pathology Visit Charges	57,460	33,124	3,718	676	94,978	28.00
29.00	Medical Social Service Visits	442	242	15	22	721	29.00
30.00	Medical Social Service Visit Charges	149,058	81,796	5,070	7,436	243,360	30.00
31.00	Home Health Aide Visits	1,254	933	5	67	2,259	31.00
32.00	Home Health Aide Visit Charges	181,830	135,285	725	9,715	327,555	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	26,917	7,053	1,259	680	35,909	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)	8,343,352	2,057,941	404,333	203,942	11,009,568	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,152		481	37	2,670	36.00
37.00	Total Number of Outlier Episodes		216		19	235	37.00
38.00	Total Non-Routine Medical Supply Charges	64,226	25,614	5,994	3,272	99,106	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-5 | Date/Time Prepared: 7/2/2020 10:55 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	15	0	0	0	18	1.00
2.00	Number of times per week patient receives dialysis	0.00	3.00	0.00	0.00	0.00	7.00	2.00
3.00	Average patient dialysis time including setup	0.00	5.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		9.00	4.00
5.00	Number of days in year dialysis furnished	0	365					5.00
6.00	Number of stations	0	8	0	0			6.00
7.00	Treatment capacity per day per station	0	2					7.00
8.00	Utilization (see instructions)	0.00	29.38					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

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

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	8		11.00
12.00	Number of patients transplanted during the cost reporting period	7		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 01/01/2019 To 12/31/2019	Worksheet S-5 Date/Time Prepared: 7/2/2020 10:55 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 01/01/2019 To 12/31/2019 | Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 7/2/2020 10:55 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	0	0	10.00
11.00	Hospice Routine Home Care	58,281	4,486	7,063	69,830	11.00
12.00	Hospice Inpatient Respite Care	582	27	71	680	12.00
13.00	Hospice General Inpatient Care	2,740	301	516	3,557	13.00
14.00	Total Hospice Days	61,603	4,814	7,650	74,067	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	237	0	29	266	15.00
16.00	Hospice General Inpatient Care	1,027	42	176	1,245	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet S-10 | Date/Time Prepared: 7/2/2020 10:55 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)	0.218984	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	424,434,975	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	2,490,099,241	6.00
7.00	Medicaid cost (line 1 times line 6)	545,291,892	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)	120,856,917	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)	2,057,596	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	7,929,461	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	1,736,425	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)	120,856,917	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)	149,791,958	4,171,198	153,963,156	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	32,802,042	4,171,198	36,973,240	21.00
22.00	Payments received from patients for amounts previously written off as charity care	200,576	0	200,576	22.00
23.00	Cost of charity care (line 21 minus line 22)	32,601,466	4,171,198	36,772,664	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)	103,699,905	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	3,335,014	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	5,130,791	27.01
28.00	Non-Medicare bad debt expense (see instructions)	98,569,114	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	23,380,836	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	60,153,500	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	181,010,417	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A | Date/Time Prepared: 7/2/2020 10:55 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	48,597,080	48,597,080	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,855,748	1,855,748	59,869,583	61,725,331	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	109,879	78,051	187,930	112,767,965	112,955,895	4.00
5.01	00540	NONPATIENT TELEPHONES	0	43,687	43,687	39,906	83,593	5.01
5.02	00550	DATA PROCESSING	0	12,096	12,096	-9,032	3,064	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	1,871	-716,559	-714,688	-26,667	-741,355	5.03
5.04	00570	ADMITTING	0	29,283	29,283	-5,116	24,167	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,123,727	520,265,866	534,389,593	-52,817,825	481,571,768	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,682,902	18,834,750	23,517,652	-1,274,901	22,242,751	6.00
7.00	00700	OPERATION OF PLANT	5,771,533	18,355,632	24,127,165	-2,401,532	21,725,633	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,399	82,455	90,854	-4,207	86,647	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	250	250	0	250	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	436,595	356,225	792,820	-153,288	639,532	9.04
9.05	00905	HOUSEKEEPING - MORGAN	374,769	244,404	619,173	-141,249	477,924	9.05
10.00	01000	DIETARY	8,017,176	6,006,845	14,024,021	-2,143,313	11,880,708	10.00
11.00	01100	CAFETERIA	0	76	76	0	76	11.00
13.00	01300	NURSING ADMINISTRATION	20,084,062	14,061,152	34,145,214	-3,925,930	30,219,284	13.00
13.01	01851	PARAMED ED ADMINISTRATION	165,213	131,766	296,979	-42,224	254,755	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,578,129	12,243,073	20,821,202	105,228,075	126,049,277	14.00
15.00	01500	PHARMACY	30,642,513	131,832,049	162,474,562	-124,163,304	38,311,258	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	107,307	2,007,525	2,114,832	-4,606	2,110,226	16.00
17.00	01700	SOCIAL SERVICE	5,134,544	3,746,838	8,881,382	-1,076,267	7,805,115	17.00
18.00	01850	PATIENT TRANSPORTATION	1,861,977	1,711,673	3,573,650	-578,247	2,995,403	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	36,089,476	11,324,683	47,414,159	-9	47,414,150	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	54,576	38,840,881	38,895,457	9,986,116	48,881,573	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	709,332	203,164	912,496	-463,649	448,847	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	844,154	238,587	1,082,741	597,070	1,679,811	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	156,452	44,167	200,619	119,756	320,375	23.09
23.10	02310	PARAMED PHARMACY TECH	138,266	43,185	181,451	14,583	196,034	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,481,858	79,231,068	197,712,926	-44,006,723	153,706,203	30.00
31.00	03100	INTENSIVE CARE UNIT	13,287,875	6,218,904	19,506,779	-4,992,747	14,514,032	31.00
32.00	03200	CORONARY CARE UNIT	14,169,703	8,304,174	22,473,877	-6,475,140	15,998,737	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	18,089,781	7,156,516	25,246,297	-5,474,603	19,771,694	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,739,675	835,678	2,575,353	-588,402	1,986,951	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,114,228	1,449,828	4,564,056	-1,171,956	3,392,100	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	8,670,016	6,813,739	15,483,755	-3,441,738	12,042,017	34.04
34.05	03404	TRANSPLANT ICU	1,721,459	720,977	2,442,436	-633,732	1,808,704	34.05
34.06	03407	PEDS CANCER CARE	1,723,895	808,040	2,531,935	-627,224	1,904,711	34.06
40.00	04000	SUBPROVIDER - IPF	3,355,396	1,987,667	5,343,063	-934,776	4,408,287	40.00
41.00	04100	SUBPROVIDER - IRF	1,471,463	550,305	2,021,768	-1,579,490	442,278	41.00
43.00	04300	NURSERY	0	0	0	1,420,974	1,420,974	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,863,806	150,907,289	188,771,095	-134,956,465	53,814,630	50.00
50.01	05001	ENDOSCOPY	1,367,885	1,708,372	3,076,257	-1,459,722	1,616,535	50.01
51.00	05100	RECOVERY ROOM	8,214,301	3,303,864	11,518,165	-2,572,893	8,945,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,498,736	3,285,040	4,783,776	5,597,075	10,380,851	52.00
53.00	05300	ANESTHESIOLOGY	1,135,380	23,198,297	24,333,677	-5,028,189	19,305,488	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,151,254	1,558,067	4,709,321	-1,105,910	3,603,411	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,071,150	48,714,498	78,785,648	-37,422,656	41,362,992	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,214,515	9,334,115	13,548,630	-3,963,099	9,585,531	55.00
56.00	05600	RADIOISOTOPE	1,079,575	9,429,755	10,509,330	-8,960,377	1,548,953	56.00
59.00	05900	CARDIAC CATHETERIZATION	916,379	5,427,400	6,343,779	-4,936,762	1,407,017	59.00
60.00	06000	LABORATORY	48,121,085	173,306,499	221,427,584	-55,662,237	165,765,347	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	949,045	2,241,623	3,190,668	-1,808,509	1,382,159	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,002,479	16,201,341	19,203,820	-2,653,438	16,550,382	63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A | Date/Time Prepared: 7/2/2020 10:55 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	20,227,219	11,662,000	31,889,219	-10,167,390	21,721,829	65.00
66.00	06600	PHYSICAL THERAPY	16,604,559	6,564,831	23,169,390	-4,122,998	19,046,392	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,503,406	973,143	4,476,549	-457,803	4,018,746	67.00
68.00	06800	SPEECH PATHOLOGY	4,262,224	1,372,075	5,634,299	-725,611	4,908,688	68.00
69.00	06900	ELECTROCARDIOLOGY	2,773,032	4,896,134	7,669,166	-1,539,131	6,130,035	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,634,660	3,166,217	7,800,877	-1,489,450	6,311,427	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,215,451	49,215,451	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,584,312	80,584,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	240,973,355	240,973,355	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,980,042	162,678,609	170,658,651	-1,297,075	169,361,576	73.03
74.00	07400	RENAL DIALYSIS	3,513,878	2,873,935	6,387,813	-2,418,859	3,968,954	74.00
76.00	03020	RH NBN ECMO IC	1,033,740	556,861	1,590,601	-478,769	1,111,832	76.00
76.01	03140	CARDIOLOGY	977,983	10,285,326	11,263,309	-10,159,022	1,104,287	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	935,372	1,286,509	2,221,881	-243,084	1,978,797	76.02
76.03	03950	CARDIAC CATH	4,477,712	16,128,647	20,606,359	-13,101,155	7,505,204	76.03
76.04	03951	DAY SURGERY	3,877,319	2,189,192	6,066,511	-1,438,614	4,627,897	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	1,394,004	338,129	1,732,133	-228,559	1,503,574	76.08
76.97	07697	CARDIAC REHABILITATION	451,028	358,547	809,575	-123,635	685,940	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	1,712,477	1,156,419	2,868,896	-868,457	2,000,439	90.01
90.02	09002	IUSCC HEM/ONC	14,291,026	104,436,377	118,727,403	-91,078,759	27,648,644	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	435,741	1,000,807	1,436,548	-930,468	506,080	90.03
90.04	09004	AMB SVC-PSYCH ADULT	911,550	316,775	1,228,325	-181,876	1,046,449	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,098,382	846,657	2,945,039	-545,486	2,399,553	90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,472,742	2,913,067	8,385,809	-1,947,593	6,438,216	90.07
90.08	09008	MOTILITY LAB	141,340	112,032	253,372	-102,061	151,311	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	603	603	0	603	90.10
90.11	09023	SLEEP LAB	3,529,426	7,027,006	10,556,432	-946,502	9,609,930	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	262,547	9,149,690	9,412,237	-8,972,635	439,602	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	866,330	681,691	1,548,021	-479,731	1,068,290	90.17
90.18	09016	DERMATOLOGY CLINIC	762,402	432,157	1,194,559	-319,180	875,379	90.18
90.19	09017	INFUSION/HEM/ONC	524,105	498,989	1,023,094	-201,370	821,724	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	83,257	722,032	805,289	-711,129	94,160	90.21
90.22	09020	EATING DISORDERS CLINIC	1,001,659	917,109	1,918,768	-183,153	1,735,615	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,259,887	440,605	1,700,492	-352,959	1,347,533	90.23
90.24	09021	LIFE CARE CLINIC	1,343,974	680,915	2,024,889	-424,468	1,600,421	90.24
91.00	09100	EMERGENCY	21,942,566	29,391,153	51,333,719	-8,187,580	43,146,139	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	15,073,933	26,285,500	41,359,433	-8,392,908	32,966,525	95.00
101.00	10100	HOME HEALTH AGENCY	24,152,585	54,102,354	78,254,939	-5,251,816	73,003,123	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,584,794	14,329,230	19,914,024	-5,667,890	14,246,134	105.00
106.00	10600	HEART ACQUISITION	638,586	2,024,506	2,663,092	-357,238	2,305,854	106.00
107.00	10700	LIVER ACQUISITION	1,279,601	10,194,667	11,474,268	-61,189	11,413,079	107.00
108.00	10800	LUNG ACQUISITION	1,031,355	3,946,565	4,977,920	-895,804	4,082,116	108.00
109.00	10900	PANCREAS ACQUISITION	410,910	1,450,109	1,861,019	-312,172	1,548,847	109.00
110.00	11000	INTESTINAL ACQUISITION	391,413	404,538	795,951	-298,222	497,729	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	295,071	1,399,980	1,695,051	-38,226	1,656,825	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	107	107	4,382,048	4,382,155	112.01
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	6,816,728	10,411,614	17,228,342	-2,845,108	14,383,234	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	654,464,356	1,855,174,017	2,509,638,373	11,160,060	2,520,798,433	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	147,548	225,756	373,304	-65,473	307,831	190.00
191.00	19100	RESEARCH	2,301,324	1,032,468	3,333,792	-474,867	2,858,925	191.00
191.01	19101	RESEARCH-GCRC	712,079	339,405	1,051,484	-266,317	785,167	191.01
191.02	19102	OSA	2,471,033	2,515,660	4,986,693	-264,985	4,721,708	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,407,273	2,407,273	-1,216	2,406,057	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A | Date/Time Prepared: 7/2/2020 10:55 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	5,884,893	13,245,462	19,130,355	-9,929,220	9,201,135	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	6,202,945	6,202,945	-9,134	6,193,811	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	192,876	136,310	329,186	-108,781	220,405	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	232,862	107,636	340,498	-40,067	300,431	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	666,406,971	1,881,386,932	2,547,793,903	0	2,547,793,903	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A | Date/Time Prepared: 7/2/2020 10:55 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	5,151,816	53,748,896		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,890,613	78,615,944		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	33,425,374	146,381,269		4.00
5.01	00540	NONPATIENT TELEPHONES	-41,160	42,433		5.01
5.02	00550	DATA PROCESSING	78,630,030	78,633,094		5.02
5.03	00590	PURCHASING, RECEIVING & STORES	9,068,780	8,327,425		5.03
5.04	00570	ADMITTING	16,160,017	16,184,184		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	51,374,764	51,374,764		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-304,012,728	177,559,040		5.06
6.00	00600	MAINTENANCE & REPAIRS	9,291,964	31,534,715		6.00
7.00	00700	OPERATION OF PLANT	33,422,136	55,147,769		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	86,647		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,532,200	3,532,450		9.01
9.02	00902	HOUSEKEEPING - RILEY	3,637,758	3,637,758		9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,687,914	5,687,914		9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	639,532		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	477,924		9.05
10.00	01000	DIETARY	-325,250	11,555,458		10.00
11.00	01100	CAFETERIA	1,118,770	1,118,846		11.00
13.00	01300	NURSING ADMINISTRATION	-933,933	29,285,351		13.00
13.01	01851	PARAMED ED ADMINISTRATION	-27,586	227,169		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-39,215	126,010,062		14.00
15.00	01500	PHARMACY	-2,962,062	35,349,196		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,628,391	17,738,617		16.00
17.00	01700	SOCIAL SERVICE	-2,499,206	5,305,909		17.00
18.00	01850	PATIENT TRANSPORTATION	0	2,995,403		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	47,414,150		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,271,898	52,153,471		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	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	-9,307	439,540		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0		23.06
23.07	02307	PARAMED PHARMACY	10,605	1,690,416		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	-27,532	292,843		23.09
23.10	02310	PARAMED PHARMACY TECH	-11,859	184,175		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-30,846,798	122,859,405		30.00
31.00	03100	INTENSIVE CARE UNIT	-75	14,513,957		31.00
32.00	03200	CORONARY CARE UNIT	-480,794	15,517,943		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-24,612	19,747,082		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-28,762	1,958,189		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	03401	UH SURG 6IC	0	3,392,100		34.02
34.03	03402	UH NS 3IC	0	0		34.03
34.04	03403	RH PED IC	-2,542,457	9,499,560		34.04
34.05	03404	TRANSPLANT ICU	-793	1,807,911		34.05
34.06	03407	PEDS CANCER CARE	0	1,904,711		34.06
40.00	04000	SUBPROVIDER - IPF	-855,085	3,553,202		40.00
41.00	04100	SUBPROVIDER - IRF	-16,040	426,238		41.00
43.00	04300	NURSERY	0	1,420,974		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-10,114,633	43,699,997		50.00
50.01	05001	ENDOSCOPY	0	1,616,535		50.01
51.00	05100	RECOVERY ROOM	-1,570	8,943,702		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,855,410	5,525,441		52.00
53.00	05300	ANESTHESIOLOGY	-15,462,307	3,843,181		53.00
53.01	05301	PULMONARY FUNCTION TESTING	-33,025	3,570,386		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,143,507	36,219,485		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,678,660	5,906,871		55.00
56.00	05600	RADIOISOTOPE	-206,616	1,342,337		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,407,017		59.00
60.00	06000	LABORATORY	-133,762,115	32,003,232		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-293	1,381,866		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-6,370,397	10,179,985		63.00
65.00	06500	RESPIRATORY THERAPY	-518,280	21,203,549		65.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A | Date/Time Prepared: 7/2/2020 10:55 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
66.00	06600	PHYSICAL THERAPY	-134,789	18,911,603		66.00
67.00	06700	OCCUPATIONAL THERAPY	-66,724	3,952,022		67.00
68.00	06800	SPEECH PATHOLOGY	-108,702	4,799,986		68.00
69.00	06900	ELECTROCARDIOLOGY	-3,187,296	2,942,739		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-555,380	5,756,047		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,215,451		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	80,584,312		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	240,973,355		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-211,597	169,149,979		73.03
74.00	07400	RENAL DIALYSIS	0	3,968,954		74.00
76.00	03020	RH NBN ECMO IC	0	1,111,832		76.00
76.01	03140	CARDIOLOGY	0	1,104,287		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-969,018	1,009,779		76.02
76.03	03950	CARDIAC CATH	-2,805,634	4,699,570		76.03
76.04	03951	DAY SURGERY	0	4,627,897		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	1,503,574		76.08
76.97	07697	CARDIAC REHABILITATION	0	685,940		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	-733,870	1,266,569		90.01
90.02	09002	IUSCC HEM/ONC	-10,073,396	17,575,248		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	-113,732	392,348		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,046,449		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	-287,356	2,112,197		90.06
90.07	09007	AMB SVC-RILEY CLINICS	-7,512,032	-1,073,816		90.07
90.08	09008	MOTILITY LAB	-34,496	116,815		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	603		90.10
90.11	09023	SLEEP LAB	-6,334,055	3,275,875		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	-33,800	405,802		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	-438,709	629,581		90.17
90.18	09016	DERMATOLOGY CLINIC	-219,947	655,432		90.18
90.19	09017	INFUSION/HEM/ONC	0	821,724		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	94,160		90.21
90.22	09020	EATING DISORDERS CLINIC	-306,324	1,429,291		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	-356,146	991,387		90.23
90.24	09021	LIFE CARE CLINIC	-141,187	1,459,234		90.24
91.00	09100	EMERGENCY	-12,446,293	30,699,846		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	-4,728,579	28,237,946		95.00
101.00	10100	HOME HEALTH AGENCY	-8,778,172	64,224,951		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-595,558	13,650,576		105.00
106.00	10600	HEART ACQUISITION	-352,922	1,952,932		106.00
107.00	10700	LIVER ACQUISITION	-773,342	10,639,737		107.00
108.00	10800	LUNG ACQUISITION	-1,121,415	2,960,701		108.00
109.00	10900	PANCREAS ACQUISITION	85,846	1,634,693		109.00
110.00	11000	INTESTINAL ACQUISITION	-552	497,177		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	-1,318,640	338,185		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	4,382,155		112.01
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-259,715	14,123,519		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-304,442,569	2,216,355,864		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	307,831		190.00
191.00	19100	RESEARCH	0	2,858,925		191.00
191.01	19101	RESEARCH-GCRC	-951,103	-165,936		191.01
191.02	19102	OSA	-349,772	4,371,936		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,390,861	15,196		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-2,312,532	6,888,603		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	-6,006,304	187,507		192.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A | Date/Time Prepared: 7/2/2020 10:55 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
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	220,405		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	300,431		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-316,453,141	2,231,340,762		200.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-6 | Date/Time Prepared: 7/2/2020 10:55 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	109,223,450	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 01/01/2019 To 12/31/2019 | Worksheet A-6 | Date/Time Prepared: 7/2/2020 10:55 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	109,223,450		
	B - PEDS THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	174,917	47,179		1.00
2.00	SPEECH PATHOLOGY	68.00	191,181	51,565		2.00
	TOTALS		366,098	98,744		
	C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	46,623,355		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	59,616,132		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-6 | Date/Time Prepared: 7/2/2020 10:55 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
	0		0	106,239,487		
	D - SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,215,451		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	80,584,312		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	12,964		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	109,927,140		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	633		5.00
6.00	PARAMED PHARMACY	23.07	0	14		6.00
7.00	OUTPATIENT RETAIL PHARMACY	73.03	0	9,370		7.00
8.00	EATING DISORDERS CLINIC	90.22	0	103		8.00
9.00	HEART ACQUISITION	106.00	0	3		9.00
10.00	LIVER ACQUISITION	107.00	0	71		10.00
11.00	OTHER ORGAN ACQUISITION EXP	112.00	0	66		11.00
12.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	60		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-6 | Date/Time Prepared: 7/2/2020 10:55 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
	0		0	239,750,187		
	E - DRUGS					
1.00	PHARMACY	15.00	0	4,836,131		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	230,799,551		2.00
3.00	DIETARY	10.00	0	18		3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	0	90		4.00
5.00	EATING DISORDERS CLINIC	90.22	0	1,056		5.00
6.00	HOME HEALTH AGENCY	101.00	0	104,847		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-6 | Date/Time Prepared: 7/2/2020 10:55 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	235,741,693		
	F - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,020		1.00
	0		0	3,020		
	G - NURSERY & L&D					
1.00	NURSERY	43.00	1,203,284	119,724		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	4,790,906	541,303		2.00
	0		5,994,190	661,027		
	H - SLEEP LAB					
1.00	SLEEP LAB	90.11	183,481	0		1.00
	0		183,481	0		
	I - OB SERVICES					
1.00	NURSERY	43.00	65,278	32,688		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	259,905	147,789		2.00
	0		325,183	180,477		
	J - RADIOLOGY PARAMED					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	573,755	43,892		1.00
	0		573,755	43,892		
	K - PHARMACIST PARAMED					
1.00	PARAMED PHARMACY	23.07	676,602	51,759		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

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		676,602	51,759		
	L - PHARMACY TECH PARAMED					
1.00	PARAMED PHARMACY TECH	23.10	41,123	3,145		1.00
2.00		0.00	0	0		2.00
	0		41,123	3,145		
	M - CLINICAL LAB PARAMED					
1.00	LABORATORY	60.00	173,080	13,241		1.00
2.00		0.00	0	0		2.00
	0		173,080	13,241		
	N - ORGAN					
1.00	LUNG ACQUISITION	108.00	248,524	37,672		1.00
2.00	HEART ACQUISITION	106.00	161,575	29,710		2.00
3.00	LIVER ACQUISITION	107.00	889,356	141,163		3.00
4.00	PANCREAS ACQUISITION	109.00	0	7,600		4.00
5.00	INTESTINAL ACQUISITION	110.00	0	22,755		5.00
	0		1,299,455	238,900		
	O - PRE-POST TRANSPLANT					
1.00	POST TRANSPLANT EXPENSES	112.01	3,781,225	600,823		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		3,781,225	600,823		
	R - SURGICAL TECH PARAMED					
1.00	PARAMED SURGERY TECHNOLOGY	23.09	139,528	10,674		1.00
	0		139,528	10,674		
	S - ACADEMIC SUPPORT					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	9,999,999		1.00
	0		0	9,999,999		
	T - PHONE					
1.00	NONPATIENT TELEPHONES	5.01	0	41,160		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
	0		0	41,160		
	V - RADIO PHARM RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,490,825		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	10,490,825		
	W - PTO AS STD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,551,017		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

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	3,551,017		
	X - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	311,287		1.00
2.00	SLEEP LAB	90.11	0	3,733		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-6 | Date/Time Prepared: 7/2/2020 10:55 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
	0		0	315,020		
	Y - PASTORAL ED RECLASSES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	284,852	39,667		1.00
	0		284,852	39,667		
	Z - NON DISTINCT IRF					
1.00	ADULTS & PEDIATRICS	30.00	1,073,758	113,869		1.00
	TOTALS		1,073,758	113,869		
	AA - RESPIRATORY THERAPY PARAMED					
1.00	RESPIRATORY THERAPY	65.00	241,219	18,453		1.00
2.00		0.00	0	0		2.00
	0		241,219	18,453		
	BB - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,662,438		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	253,451		2.00
3.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	21,067		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
	TOTALS		0	1,936,956		
	DD - ALTEPLASE RECLASS					
1.00	LIVER ACQUISITION	107.00	0	317,021		1.00
	0		0	317,021		
500.00	Grand Total: Increases		15,153,549	719,684,506		500.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-6 | Date/Time Prepared: 7/2/2020 10:55 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	PURCHASING, RECEIVING & STORES	5.03	0	7	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,601,865	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	760,318	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,152,288	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	4,207	0		5.00
6.00	HOUSEKEEPING - SAXONY	9.04	0	136,438	0		6.00
7.00	HOUSEKEEPING - MORGAN	9.05	0	137,114	0		7.00
8.00	DIETARY	10.00	0	1,889,555	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,891,740	0		9.00
10.00	PARAMED ED ADMINISTRATION	13.01	0	30,112	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,274,249	0		11.00
12.00	PHARMACY	15.00	0	4,341,863	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,606	0		13.00
14.00	SOCIAL SERVICE	17.00	0	1,069,876	0		14.00
15.00	PATIENT TRANSPORTATION	18.00	0	551,884	0		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	13,784	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	43,509	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	47,631	0		18.00
19.00	PARAMED PASTORAL EDUCATION	23.05	0	139,130	0		19.00
20.00	LABORATORY	60.00	0	34,237	0		20.00
21.00	PARAMED PHARMACY	23.07	0	131,305	0		21.00
22.00	PARAMED SURGERY TECHNOLOGY	23.09	0	30,420	0		22.00
23.00	PARAMED PHARMACY TECH	23.10	0	28,729	0		23.00
24.00	ADULTS & PEDIATRICS	30.00	0	20,308,620	0		24.00
25.00	INTENSIVE CARE UNIT	31.00	0	2,046,706	0		25.00
26.00	CORONARY CARE UNIT	32.00	0	2,512,016	0		26.00
27.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	3,129,449	0		27.00
28.00	BURN INTENSIVE CARE UNIT	33.00	0	277,939	0		28.00
29.00	UH SURG 6IC	34.02	0	502,772	0		29.00
30.00	RH PED IC	34.04	0	1,708,322	0		30.00
31.00	TRANSPLANT ICU	34.05	0	222,751	0		31.00
32.00	PEDS CANCER CARE	34.06	0	308,813	0		32.00
33.00	SUBPROVIDER - IPF	40.00	0	635,907	0		33.00
34.00	SUBPROVIDER - IRF	41.00	0	264,710	0		34.00
35.00	OPERATING ROOM	50.00	0	6,784,373	0		35.00
36.00	ENDOSCOPY	50.01	0	234,740	0		36.00
37.00	RECOVERY ROOM	51.00	0	1,510,414	0		37.00
38.00	DELIVERY ROOM & LABOR ROOM	52.00	0	95,633	0		38.00
39.00	ANESTHESIOLOGY	53.00	0	255,495	0		39.00
40.00	PULMONARY FUNCTION TESTING	53.01	0	589,711	0		40.00
41.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,908,695	0		41.00
42.00	RADIOLOGY-THERAPEUTIC	55.00	0	651,603	0		42.00
43.00	RADIOISOTOPE	56.00	0	176,782	0		43.00
44.00	CARDIAC CATHETERIZATION	59.00	0	175,174	0		44.00
45.00	LABORATORY	60.00	0	9,750,891	0		45.00
46.00	TRANSPLANT IMMUNOLOGY	60.01	0	200,328	0		46.00
47.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	487,392	0		47.00
48.00	RESPIRATORY THERAPY	65.00	0	3,388,757	0		48.00
49.00	PHYSICAL THERAPY	66.00	0	2,606,199	0		49.00
50.00	OCCUPATIONAL THERAPY	67.00	0	560,484	0		50.00
51.00	SPEECH PATHOLOGY	68.00	0	660,777	0		51.00
52.00	ELECTROCARDIOLOGY	69.00	0	475,937	0		52.00
53.00	ELECTROENCEPHALOGRAPHY	70.00	0	732,140	0		53.00
54.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,154,398	0		54.00
55.00	RENAL DIALYSIS	74.00	0	561,780	0		55.00
56.00	RH NBN ECMO IC	76.00	0	205,286	0		56.00
57.00	CARDIOLOGY	76.01	0	165,993	0		57.00
58.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	146,947	0		58.00
59.00	CARDIAC CATH	76.03	0	705,832	0		59.00
60.00	DAY SURGERY	76.04	0	672,937	0		60.00
61.00	ECMO-ADULT	76.08	0	195,679	0		61.00
62.00	CARDIAC REHABILITATION	76.97	0	80,838	0		62.00
63.00	AMB SVC-OB & GYN	90.01	0	277,376	0		63.00
64.00	IUSCC HEM/ONC	90.02	0	2,396,567	0		64.00
65.00	AMB SVC-OPTHALMOLOGY	90.03	0	104,326	0		65.00
66.00	AMB SVC-PSYCH ADULT	90.04	0	179,906	0		66.00
67.00	OUTPATIENT SURGERY	90.06	0	339,244	0		67.00
68.00	AMB SVC-RILEY CLINICS	90.07	0	971,243	0		68.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
69.00	MOTILITY LAB	90.08	0	17,784	0		69.00
70.00	SLEEP LAB	90.11	0	687,300	0		70.00
71.00	INFUSION CLINIC	90.14	0	49,929	0		71.00
72.00	PHYSICAL MEDICINE	90.17	0	201,028	0		72.00
73.00	DERMATOLOGY CLINIC	90.18	0	164,424	0		73.00
74.00	INFUSION/HEM/ONC	90.19	0	104,454	0		74.00
75.00	OP REHAB CLINIC	90.21	0	16,312	0		75.00
76.00	EATING DISORDERS CLINIC	90.22	0	171,191	0		76.00
77.00	GASTROENTEROLOGY CLINIC	90.23	0	273,734	0		77.00
78.00	LIFE CARE CLINIC	90.24	0	324,182	0		78.00
79.00	EMERGENCY	91.00	0	3,758,194	0		79.00
80.00	AMBULANCE SERVICES	95.00	0	2,809,284	0		80.00
81.00	HOME HEALTH AGENCY	101.00	0	4,298,544	0		81.00
82.00	KIDNEY ACQUISITION	105.00	0	886,659	0		82.00
83.00	HEART ACQUISITION	106.00	0	93,220	0		83.00
84.00	LIVER ACQUISITION	107.00	0	230,213	0		84.00
85.00	LUNG ACQUISITION	108.00	0	157,648	0		85.00
86.00	PANCREAS ACQUISITION	109.00	0	48,106	0		86.00
87.00	INTESTINAL ACQUISITION	110.00	0	44,265	0		87.00
88.00	OTHER ORGAN ACQUISITION EXP	112.00	0	38,292	0		88.00
89.00	HOSPICE	116.00	0	1,219,742	0		89.00
90.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	42,667	0		90.00
91.00	RESEARCH	191.00	0	332,519	0		91.00
92.00	RESEARCH-GCRC	191.01	0	183,777	0		92.00
93.00	OSA	191.02	0	203,340	0		93.00
94.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	1,146,850	0		94.00
95.00	RHI	192.07	0	44,846	0		95.00
96.00	CARDIO PHYSICIANS	192.10	0	38,197	0		96.00
	0		0	109,223,450			
	B - PEDS THERAPY						
1.00	PHYSICAL THERAPY	66.00	366,098	98,744	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		366,098	98,744			
	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	9,032	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	39,622,398	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	516,361	0		7.00
8.00	OPERATION OF PLANT	7.00	0	1,203,219	0		8.00
9.00	HOUSEKEEPING - SAXONY	9.04	0	4,759	0		9.00
10.00	DIETARY	10.00	0	158,018	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	848,244	0		11.00
12.00	PARAMED ED ADMINISTRATION	13.01	0	4,147	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,235,457	0		13.00
14.00	PHARMACY	15.00	0	847,738	0		14.00
15.00	PATIENT TRANSPORTATION	18.00	0	13,255	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	16,746	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	3,883,942	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	519,901	0		18.00
19.00	CORONARY CARE UNIT	32.00	0	764,766	0		19.00
20.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	710,476	0		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	0	112,550	0		21.00
22.00	UH SURG 6IC	34.02	0	83,777	0		22.00
23.00	RH PED IC	34.04	0	417,399	0		23.00
24.00	TRANSPLANT ICU	34.05	0	5,373	0		24.00
25.00	PEDS CANCER CARE	34.06	0	107,500	0		25.00
26.00	SUBPROVIDER - IPF	40.00	0	258,321	0		26.00
27.00	SUBPROVIDER - IRF	41.00	0	61,087	0		27.00
28.00	OPERATING ROOM	50.00	0	15,811,174	0		28.00
29.00	ENDOSCOPY	50.01	0	139,883	0		29.00
30.00	RECOVERY ROOM	51.00	0	420,768	0		30.00
31.00	DELIVERY ROOM & LABOR ROOM	52.00	0	38,829	0		31.00
32.00	ANESTHESIOLOGY	53.00	0	513,671	0		32.00
33.00	PULMONARY FUNCTION TESTING	53.01	0	268,256	0		33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,500,789	0		34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,021,450	0		35.00
36.00	RADIOISOTOPE	56.00	0	747,983	0		36.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
37.00	CARDIAC CATHETERIZATION	59.00	0	121,117	0		37.00
38.00	LABORATORY	60.00	0	5,058,515	0		38.00
39.00	TRANSPLANT IMMUNOLOGY	60.01	0	49,161	0		39.00
40.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	73,519	0		40.00
41.00	RESPIRATORY THERAPY	65.00	0	781,130	0		41.00
42.00	PHYSICAL THERAPY	66.00	0	279,249	0		42.00
43.00	OCCUPATIONAL THERAPY	67.00	0	471	0		43.00
44.00	SPEECH PATHOLOGY	68.00	0	179,361	0		44.00
45.00	ELECTROCARDIOLOGY	69.00	0	701,070	0		45.00
46.00	ELECTROENCEPHALOGRAPHY	70.00	0	509,475	0		46.00
47.00	OUTPATIENT RETAIL PHARMACY	73.03	0	70,854	0		47.00
48.00	RENAL DIALYSIS	74.00	0	209,937	0		48.00
49.00	RH NBN ECMO IC	76.00	0	43,433	0		49.00
50.00	CARDIOLOGY	76.01	0	574,491	0		50.00
51.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	34,232	0		51.00
52.00	CARDIAC CATH	76.03	0	2,905,626	0		52.00
53.00	DAY SURGERY	76.04	0	36,593	0		53.00
54.00	ECMO-ADULT	76.08	0	21,649	0		54.00
55.00	CARDIAC REHABILITATION	76.97	0	34,114	0		55.00
56.00	AMB SVC-OB & GYN	90.01	0	56,067	0		56.00
57.00	IUSCC HEM/ONC	90.02	0	736,254	0		57.00
58.00	AMB SVC-OPTHALMOLOGY	90.03	0	256,577	0		58.00
59.00	AMB SVC-PSYCH ADULT	90.04	0	175	0		59.00
60.00	OUTPATIENT SURGERY	90.06	0	174,740	0		60.00
61.00	AMB SVC-RILEY CLINICS	90.07	0	229,375	0		61.00
62.00	MOTILITY LAB	90.08	0	35,809	0		62.00
63.00	SLEEP LAB	90.11	0	245,529	0		63.00
64.00	INFUSION CLINIC	90.14	0	17,627	0		64.00
65.00	PHYSICAL MEDICINE	90.17	0	2,563	0		65.00
66.00	DERMATOLOGY CLINIC	90.18	0	53,398	0		66.00
67.00	INFUSION/HEM/ONC	90.19	0	25,082	0		67.00
68.00	OP REHAB CLINIC	90.21	0	2,724	0		68.00
69.00	EATING DISORDERS CLINIC	90.22	0	9,504	0		69.00
70.00	GASTROENTEROLOGY CLINIC	90.23	0	12,324	0		70.00
71.00	EMERGENCY	91.00	0	857,059	0		71.00
72.00	AMBULANCE SERVICES	95.00	0	4,772,661	0		72.00
73.00	HOME HEALTH AGENCY	101.00	0	111,748	0		73.00
74.00	KIDNEY ACQUISITION	105.00	0	1,026,996	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	18,556	0		77.00
78.00	RESEARCH	191.00	0	87,760	0		78.00
79.00	RESEARCH-GCRC	191.01	0	20,531	0		79.00
80.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,216	0		80.00
81.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	1,207,603	0		81.00
82.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	7,040	0		82.00
83.00	RHI	192.07	0	15,352	0		83.00
	0		0	106,239,487			
	D - SUPPLIES & IMPLANTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,491	0		1.00
2.00	PURCHASING, RECEIVING & STORES	5.03	0	22,604	0		2.00
3.00	ADMITTING	5.04	0	258	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	97,104	0		4.00
5.00	OPERATION OF PLANT	7.00	0	19,998	0		5.00
6.00	HOUSEKEEPING - SAXONY	9.04	0	11,391	0		6.00
7.00	HOUSEKEEPING - MORGAN	9.05	0	3,684	0		7.00
8.00	DIETARY	10.00	0	25,596	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	30,770	0		9.00
10.00	PARAMED ED ADMINISTRATION	13.01	0	749	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,124,476	0		11.00
12.00	PHARMACY	15.00	0	1,736,264	0		12.00
13.00	SOCIAL SERVICE	17.00	0	828	0		13.00
14.00	PATIENT TRANSPORTATION	18.00	0	4,559	0		14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	9	0		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	99	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	1,739	0		17.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	LABORATORY	60.00	0	6,495	0		18.00
19.00	PARAMED SURGERY TECHNOLOGY	23.09	0	26	0		19.00
20.00	PARAMED PHARMACY TECH	23.10	0	678	0		20.00
21.00	ADULTS & PEDIATRICS	30.00	0	12,176,378	0		21.00
22.00	INTENSIVE CARE UNIT	31.00	0	2,225,679	0		22.00
23.00	CORONARY CARE UNIT	32.00	0	2,792,446	0		23.00
24.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	1,357,893	0		24.00
25.00	BURN INTENSIVE CARE UNIT	33.00	0	177,642	0		25.00
26.00	UH SURG 6IC	34.02	0	534,509	0		26.00
27.00	RH PED IC	34.04	0	1,079,178	0		27.00
28.00	TRANSPLANT ICU	34.05	0	381,714	0		28.00
29.00	PEDS CANCER CARE	34.06	0	158,398	0		29.00
30.00	SUBPROVIDER - IPF	40.00	0	28,271	0		30.00
31.00	SUBPROVIDER - IRF	41.00	0	62,011	0		31.00
32.00	OPERATING ROOM	50.00	0	111,195,957	0		32.00
33.00	ENDOSCOPY	50.01	0	1,063,092	0		33.00
34.00	RECOVERY ROOM	51.00	0	550,028	0		34.00
35.00	DELIVERY ROOM & LABOR ROOM	52.00	0	85	0		35.00
36.00	ANESTHESIOLOGY	53.00	0	3,089,881	0		36.00
37.00	PULMONARY FUNCTION TESTING	53.01	0	212,908	0		37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,298,653	0		38.00
39.00	RADIOLOGY-THERAPEUTIC	55.00	0	266,616	0		39.00
40.00	RADIOISOTOPE	56.00	0	94,352	0		40.00
41.00	CARDIAC CATHETERIZATION	59.00	0	4,566,582	0		41.00
42.00	LABORATORY	60.00	0	39,682,758	0		42.00
43.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,556,615	0		43.00
44.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,072,223	0		44.00
45.00	RESPIRATORY THERAPY	65.00	0	5,610,077	0		45.00
46.00	PHYSICAL THERAPY	66.00	0	648,594	0		46.00
47.00	OCCUPATIONAL THERAPY	67.00	0	95,867	0		47.00
48.00	SPEECH PATHOLOGY	68.00	0	110,986	0		48.00
49.00	ELECTROCARDIOLOGY	69.00	0	97,339	0		49.00
50.00	ELECTROENCEPHALOGRAPHY	70.00	0	226,365	0		50.00
51.00	RENAL DIALYSIS	74.00	0	1,457,101	0		51.00
52.00	RH NBN ECMO IC	76.00	0	205,526	0		52.00
53.00	CARDIOLOGY	76.01	0	9,373,847	0		53.00
54.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	53,799	0		54.00
55.00	CARDIAC CATH	76.03	0	9,314,122	0		55.00
56.00	DAY SURGERY	76.04	0	660,874	0		56.00
57.00	ECMO-ADULT	76.08	0	143	0		57.00
58.00	CARDIAC REHABILITATION	76.97	0	6,973	0		58.00
59.00	AMB SVC-OB & GYN	90.01	0	71,312	0		59.00
60.00	IUSCC HEM/ONC	90.02	0	1,004,168	0		60.00
61.00	AMB SVC-OPTHALMOLOGY	90.03	0	11,034	0		61.00
62.00	AMB SVC-PSYCH ADULT	90.04	0	1,781	0		62.00
63.00	OUTPATIENT SURGERY	90.06	0	30,820	0		63.00
64.00	AMB SVC-RILEY CLINICS	90.07	0	242,265	0		64.00
65.00	MOTILITY LAB	90.08	0	48,358	0		65.00
66.00	SLEEP LAB	90.11	0	190,931	0		66.00
67.00	INFUSION CLINIC	90.14	0	8,553	0		67.00
68.00	PHYSICAL MEDICINE	90.17	0	15,007	0		68.00
69.00	DERMATOLOGY CLINIC	90.18	0	83,091	0		69.00
70.00	INFUSION/HEM/ONC	90.19	0	38,412	0		70.00
71.00	OP REHAB CLINIC	90.21	0	958	0		71.00
72.00	GASTROENTEROLOGY CLINIC	90.23	0	11,943	0		72.00
73.00	LIFE CARE CLINIC	90.24	0	7,044	0		73.00
74.00	EMERGENCY	91.00	0	3,163,868	0		74.00
75.00	AMBULANCE SERVICES	95.00	0	524,288	0		75.00
76.00	HOME HEALTH AGENCY	101.00	0	647,816	0		76.00
77.00	KIDNEY ACQUISITION	105.00	0	547,783	0		77.00
78.00	LUNG ACQUISITION	108.00	0	39,595	0		78.00
79.00	HOSPICE	116.00	0	193,272	0		79.00
80.00	RESEARCH	191.00	0	53,438	0		80.00
81.00	RESEARCH-GCRC	191.01	0	54,972	0		81.00
82.00	OSA	191.02	0	30,686	0		82.00
83.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	102,892	0		83.00
84.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	2,094	0		84.00
85.00	RHI	192.07	0	46,559	0		85.00
86.00	CARDIO PHYSICIANS	192.10	0	947	0		86.00
	0		0	239,750,187			

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	E - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	914	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	23,741	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	364	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	48	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,899	0		5.00
6.00	PHARMACY	15.00	0	121,184,519	0		6.00
7.00	SOCIAL SERVICE	17.00	0	2,862	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	18	0		8.00
9.00	LABORATORY	60.00	0	20	0		9.00
10.00	PARAMED PHARMACY TECH	23.10	0	278	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	877,246	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	138,918	0		12.00
13.00	CORONARY CARE UNIT	32.00	0	282,115	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	150,223	0		14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	0	11,424	0		15.00
16.00	UH SURG 6IC	34.02	0	35,785	0		16.00
17.00	RH PED IC	34.04	0	179,034	0		17.00
18.00	TRANSPLANT ICU	34.05	0	23,728	0		18.00
19.00	PEDS CANCER CARE	34.06	0	33,737	0		19.00
20.00	SUBPROVIDER - IPF	40.00	0	303	0		20.00
21.00	SUBPROVIDER - IRF	41.00	0	994	0		21.00
22.00	OPERATING ROOM	50.00	0	793,964	0		22.00
23.00	ENDOSCOPY	50.01	0	9,107	0		23.00
24.00	RECOVERY ROOM	51.00	0	57,688	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	1,154,695	0		25.00
26.00	PULMONARY FUNCTION TESTING	53.01	0	18,999	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,026,689	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	18,638	0		28.00
29.00	RADIOISOTOPE	56.00	0	180,805	0		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	73,500	0		30.00
31.00	LABORATORY	60.00	0	729,496	0		31.00
32.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,958	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	129,697	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	6,250	0		34.00
35.00	SPEECH PATHOLOGY	68.00	0	4,982	0		35.00
36.00	ELECTROCARDIOLOGY	69.00	0	13,883	0		36.00
37.00	RENAL DIALYSIS	74.00	0	172,633	0		37.00
38.00	RH NBN ECMO IC	76.00	0	20,100	0		38.00
39.00	CARDIOLOGY	76.01	0	33,803	0		39.00
40.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	428	0		40.00
41.00	CARDIAC CATH	76.03	0	141,720	0		41.00
42.00	DAY SURGERY	76.04	0	26,434	0		42.00
43.00	CARDIAC REHABILITATION	76.97	0	146	0		43.00
44.00	AMB SVC-OB & GYN	90.01	0	449,582	0		44.00
45.00	IUSCC HEM/ONC	90.02	0	86,739,554	0		45.00
46.00	AMB SVC-OPTHALMOLOGY	90.03	0	558,531	0		46.00
47.00	AMB SVC-PSYCH ADULT	90.04	0	14	0		47.00
48.00	OUTPATIENT SURGERY	90.06	0	499	0		48.00
49.00	AMB SVC-RILEY CLINICS	90.07	0	467,131	0		49.00
50.00	MOTILITY LAB	90.08	0	110	0		50.00
51.00	INFUSION CLINIC	90.14	0	8,896,526	0		51.00
52.00	PHYSICAL MEDICINE	90.17	0	249,728	0		52.00
53.00	DERMATOLOGY CLINIC	90.18	0	14,172	0		53.00
54.00	INFUSION/HEM/ONC	90.19	0	30,914	0		54.00
55.00	OP REHAB CLINIC	90.21	0	691,135	0		55.00
56.00	GASTROENTEROLOGY CLINIC	90.23	0	38,771	0		56.00
57.00	LIFE CARE CLINIC	90.24	0	88,964	0		57.00
58.00	EMERGENCY	91.00	0	252,571	0		58.00
59.00	AMBULANCE SERVICES	95.00	0	124,945	0		59.00
60.00	KIDNEY ACQUISITION	105.00	0	318,012	0		60.00
61.00	HEART ACQUISITION	106.00	0	10,974	0		61.00
62.00	LUNG ACQUISITION	108.00	0	77,937	0		62.00
63.00	HOSPICE	116.00	0	720,061	0		63.00
64.00	RESEARCH-GCRC	191.01	0	6,894	0		64.00
65.00	OSA	191.02	0	30,239	0		65.00
66.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	7,390,620	0		66.00
67.00	RHI	192.07	0	2,024	0		67.00
	0		0	235,741,693			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - BLOOD						
1.00	CARDIAC CATH	76.03	0	3,020	0		1.00
	0		0	3,020			
	G - NURSERY & L&D						
1.00	ADULTS & PEDIATRICS	30.00	5,994,190	661,027	0		1.00
2.00		0.00	0	0	0		2.00
	0		5,994,190	661,027			
	H - SLEEP LAB						
1.00	HOME HEALTH AGENCY	101.00	183,481	0	0		1.00
	0		183,481	0			
	I - OB SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	325,183	180,477	0		1.00
2.00		0.00	0	0	0		2.00
	0		325,183	180,477			
	J - RADIOLOGY PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	573,755	43,892	0		1.00
	0		573,755	43,892			
	K - PHARMACIST PARAMED						
1.00	PHARMACY	15.00	604,289	46,228	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	19,522	1,493	0		2.00
3.00	IUSCC HEM/ONC	90.02	43,913	3,359	0		3.00
4.00	EMERGENCY	91.00	8,878	679	0		4.00
	0		676,602	51,759			
	L - PHARMACY TECH PARAMED						
1.00	PHARMACY	15.00	7,378	564	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	33,745	2,581	0		2.00
	0		41,123	3,145			
	M - CLINICAL LAB PARAMED						
1.00	LABORATORY	60.00	164,807	12,608	0		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	8,273	633	0		2.00
	0		173,080	13,241			
	N - ORGAN						
1.00	KIDNEY ACQUISITION	105.00	1,173,657	238,900	0		1.00
2.00	PANCREAS ACQUISITION	109.00	103,139	0	0		2.00
3.00	INTESTINAL ACQUISITION	110.00	22,659	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		1,299,455	238,900			
	O - PRE-POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	766,313	140,311	0		1.00
2.00	KIDNEY ACQUISITION	105.00	1,264,645	176,881	0		2.00
3.00	HEART ACQUISITION	106.00	380,816	62,383	0		3.00
4.00	LIVER ACQUISITION	107.00	991,988	176,131	0		4.00
5.00	PANCREAS ACQUISITION	109.00	149,605	18,922	0		5.00
6.00	INTESTINAL ACQUISITION	110.00	227,858	26,195	0		6.00
	0		3,781,225	600,823			
	R - SURGICAL TECH PARAMED						
1.00	OPERATING ROOM	50.00	139,528	10,674	0		1.00
	0		139,528	10,674			
	S - ACADEMIC SUPPORT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,999,999	0		1.00
	0		0	9,999,999			
	T - PHONE						
1.00	DIETARY	10.00	0	386	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,444	0		2.00
3.00	PHARMACY	15.00	0	2,107	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	9,471	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	44	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	29	0		6.00
7.00	PEDS CANCER CARE	34.06	0	308	0		7.00
8.00	OPERATING ROOM	50.00	0	4,640	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,770	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	389	0		10.00
11.00	LABORATORY	60.00	0	3,205	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	664	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	32	0		13.00
14.00	OUTPATIENT RETAIL PHARMACY	73.03	0	360	0		14.00
15.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	895	0		15.00
16.00	IUSCC HEM/ONC	90.02	0	909	0		16.00
17.00	PHYSICAL MEDICINE	90.17	0	1,418	0		17.00
18.00	EMERGENCY	91.00	0	3,073	0		18.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	AMBULANCE SERVICES	95.00	0	2,484	0		19.00
20.00	HOME HEALTH AGENCY	101.00	0	562	0		20.00
21.00	KIDNEY ACQUISITION	105.00	0	1,864	0		21.00
22.00	HEART ACQUISITION	106.00	0	479	0		22.00
23.00	LUNG ACQUISITION	108.00	0	196	0		23.00
24.00	RESEARCH-GCRC	191.01	0	27	0		24.00
25.00	OTHER	192.01	0	404	0		25.00
	NONREIMBURSABLE-METHODIST						
	0		0	41,160			
	V - RADIO PHARM RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,502,104	0		1.00
2.00	RADIOISOTOPE	56.00	0	7,760,455	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	228,266	0		3.00
	0		0	10,490,825			
	W - PTO AS STD						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	37,626	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	10,822	0	0		2.00
3.00	OPERATION OF PLANT	7.00	20,505	0	0		3.00
4.00	HOUSEKEEPING - SAXONY	9.04	700	0	0		4.00
5.00	HOUSEKEEPING - MORGAN	9.05	451	0	0		5.00
6.00	DIETARY	10.00	69,776	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	155,128	0	0		7.00
8.00	PARAMED ED ADMINISTRATION	13.01	7,216	0	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	40,540	0	0		9.00
10.00	PHARMACY	15.00	228,485	0	0		10.00
11.00	SOCIAL SERVICE	17.00	2,701	0	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	8,549	0	0		12.00
13.00	RESPIRATORY THERAPY	65.00	7,635	0	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	777,816	0	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	61,499	0	0		15.00
16.00	CORONARY CARE UNIT	32.00	123,797	0	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	32.01	126,533	0	0		17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	8,847	0	0		18.00
19.00	UH SURG 6IC	34.02	15,113	0	0		19.00
20.00	RH PED IC	34.04	57,805	0	0		20.00
21.00	TRANSPLANT ICU	34.05	166	0	0		21.00
22.00	PEDS CANCER CARE	34.06	18,468	0	0		22.00
23.00	SUBPROVIDER - IPF	40.00	11,974	0	0		23.00
24.00	SUBPROVIDER - IRF	41.00	3,061	0	0		24.00
25.00	OPERATING ROOM	50.00	213,035	0	0		25.00
26.00	ENDOSCOPY	50.01	12,900	0	0		26.00
27.00	RECOVERY ROOM	51.00	33,995	0	0		27.00
28.00	DELIVERY ROOM & LABOR ROOM	52.00	8,281	0	0		28.00
29.00	ANESTHESIOLOGY	53.00	14,447	0	0		29.00
30.00	PULMONARY FUNCTION TESTING	53.01	5,833	0	0		30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	140,065	0	0		31.00
32.00	RADIOLOGY-THERAPEUTIC	55.00	4,792	0	0		32.00
33.00	LABORATORY	60.00	242,986	0	0		33.00
34.00	TRANSPLANT IMMUNOLOGY	60.01	2,405	0	0		34.00
35.00	BLOOD STORING, PROCESSING & TRANS.	63.00	12,460	0	0		35.00
36.00	RESPIRATORY THERAPY	65.00	194,163	0	0		36.00
37.00	PHYSICAL THERAPY	66.00	114,868	0	0		37.00
38.00	OCCUPATIONAL THERAPY	67.00	23,077	0	0		38.00
39.00	SPEECH PATHOLOGY	68.00	12,251	0	0		39.00
40.00	ELECTROCARDIOLOGY	69.00	21,310	0	0		40.00
41.00	ELECTROENCEPHALOGRAPHY	70.00	21,528	0	0		41.00
42.00	OUTPATIENT RETAIL PHARMACY	73.03	22,699	0	0		42.00
43.00	RENAL DIALYSIS	74.00	17,408	0	0		43.00
44.00	RH NBN ECMO IC	76.00	4,424	0	0		44.00
45.00	CARDIOLOGY	76.01	10,888	0	0		45.00
46.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,783	0	0		46.00
47.00	CARDIAC CATH	76.03	30,835	0	0		47.00
48.00	DAY SURGERY	76.04	41,776	0	0		48.00
49.00	ECMO-ADULT	76.08	11,088	0	0		49.00
50.00	CARDIAC REHABILITATION	76.97	548	0	0		50.00
51.00	AMB SVC-OB & GYN	90.01	14,120	0	0		51.00
52.00	IUSCC HEM/ONC	90.02	93,746	0	0		52.00
53.00	OUTPATIENT SURGERY	90.06	183	0	0		53.00
54.00	AMB SVC-RILEY CLINICS	90.07	37,579	0	0		54.00
55.00	SLEEP LAB	90.11	9,956	0	0		55.00
56.00	PHYSICAL MEDICINE	90.17	9,987	0	0		56.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-6 | Date/Time Prepared: 7/2/2020 10:55 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
57.00	DERMATOLOGY CLINIC	90.18	4,095	0	0		57.00
58.00	INFUSION/HEM/ONC	90.19	2,508	0	0		58.00
59.00	EATING DISORDERS CLINIC	90.22	3,593	0	0		59.00
60.00	GASTROENTEROLOGY CLINIC	90.23	16,187	0	0		60.00
61.00	LIFE CARE CLINIC	90.24	4,278	0	0		61.00
62.00	EMERGENCY	91.00	143,258	0	0		62.00
63.00	AMBULANCE SERVICES	95.00	31,094	0	0		63.00
64.00	HOME HEALTH AGENCY	101.00	72,186	0	0		64.00
65.00	KIDNEY ACQUISITION	105.00	32,493	0	0		65.00
66.00	LIVER ACQUISITION	107.00	10,468	0	0		66.00
67.00	HOSPICE	116.00	21,001	0	0		67.00
68.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,225	0	0		68.00
69.00	RESEARCH-GCRC	191.01	116	0	0		69.00
70.00	OSA	191.02	720	0	0		70.00
71.00	OTHER NONREIMBURSABLE-METHODIST	192.01	19,243	0	0		71.00
72.00	CARDIO PHYSICIANS	192.10	923	0	0		72.00
	0		3,551,017	0			
	X - PROPERTY TAXES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	86,448	13		1.00
2.00	OPERATING ROOM	50.00	0	3,120	0		2.00
3.00	LABORATORY	60.00	0	67,986	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	1,811	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	1,326	0		5.00
6.00	OUTPATIENT RETAIL PHARMACY	73.03	0	651	0		6.00
7.00	CARDIAC REHABILITATION	76.97	0	1,016	0		7.00
8.00	IUSCC HEM/ONC	90.02	0	47,884	0		8.00
9.00	HOME HEALTH AGENCY	101.00	0	19,868	0		9.00
10.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,085	0		10.00
11.00	RESEARCH	191.00	0	1,150	0		11.00
12.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	82,675	0		12.00
	0		0	315,020			
	Y - PASTORAL ED RECLASSES						
1.00	PARAMED PASTORAL EDUCATION	23.05	284,852	39,667	0		1.00
	0		284,852	39,667			
	Z - NON DISTINCT IRF						
1.00	SUBPROVIDER - IRF	41.00	1,073,758	113,869	0		1.00
	TOTALS		1,073,758	113,869			
	AA - RESPIRATORY THERAPY PARAMED						
1.00	PULMONARY FUNCTION TESTING	53.01	9,478	725	0		1.00
2.00	RESPIRATORY THERAPY	65.00	231,741	17,728	0		2.00
	0		241,219	18,453			
	BB - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,673,163	12		1.00
2.00	OPERATION OF PLANT	7.00	0	5,522	12		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15	0		3.00
4.00	LABORATORY	60.00	0	94,554	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	521	0		5.00
6.00	OUTPATIENT RETAIL PHARMACY	73.03	0	142	0		6.00
7.00	IUSCC HEM/ONC	90.02	0	12,405	0		7.00
8.00	EATING DISORDERS CLINIC	90.22	0	24	0		8.00
9.00	AMBULANCE SERVICES	95.00	0	128,152	0		9.00
10.00	HOME HEALTH AGENCY	101.00	0	22,458	0		10.00
	TOTALS		0	1,936,956			
	DD - ALTEPLASE RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	317,021	0		1.00
	0		0	317,021			
500.00	Grand Total: Decreases		18,704,566	716,133,489			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-7 Part I Date/Time Prepared: 7/2/2020 10:55 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	149,618,783	29,856,721	0	29,856,721	1,704,567	1.00
2.00	Land Improvements	26,856,264	1,495,258	0	1,495,258	20,611	2.00
3.00	Buildings and Fixtures	1,190,536,303	436,088	0	436,088	3,544,671	3.00
4.00	Building Improvements	798,518,889	13,525,880	0	13,525,880	14,308,646	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	1,433,487,528	85,883,870	0	85,883,870	47,084,923	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,599,017,767	131,197,817	0	131,197,817	66,663,418	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	3,599,017,767	131,197,817	0	131,197,817	66,663,418	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	177,770,937	0	1.00
2.00	Land Improvements	28,330,911	660,412	2.00
3.00	Buildings and Fixtures	1,187,427,720	206,572,879	3.00
4.00	Building Improvements	797,736,123	284,692,091	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	1,472,286,475	941,338,658	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,663,552,166	1,433,264,040	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	3,663,552,166	1,433,264,040	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-7 Part II | Date/Time Prepared: 7/2/2020 10:55 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	1,855,748	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	1,855,748	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	1,855,748		2.00
3.00	Total (sum of lines 1-2)	0	1,855,748		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-7 Part III Date/Time Prepared: 7/2/2020 10:55 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	2,191,265,690	0	2,191,265,690	0.598126	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,472,286,475	0	1,472,286,475	0.401874	0	2.00
3.00	Total (sum of lines 1-2)	3,663,552,165	0	3,663,552,165	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	51,775,171	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	76,506,745	1,855,748	2.00
3.00	Total (sum of lines 1-2)	0	0	0	128,281,916	1,855,748	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	1,662,438	311,287	0	53,748,896	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	253,451	0	0	78,615,944	2.00
3.00	Total (sum of lines 1-2)	0	1,915,889	311,287	0	132,364,840	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-8 | Date/Time Prepared: 7/2/2020 10:55 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	-118,082,405			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	250,595,898			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

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-8 | Date/Time Prepared: 7/2/2020 10:55 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	
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	-133,278	DIETARY	10.00	0	33.00
33.01	FRINGE BENEFIT TO HOME OFFICE	A	-109,253,035	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	PTO TO HOME OFFICE	A	-21,466	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	PTO TO HOME OFFICE	A	-20,585	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	PTO TO HOME OFFICE	A	-17,589	SLEEP LAB	90.11	0	33.04
33.05	PTO TO HOME OFFICE	A	43,192	HOME HEALTH AGENCY	101.00	0	33.05
33.06	PTO TO HOME OFFICE	A	15,144	HOSPICE	116.00	0	33.06
33.07	CLASS & LECTURE REVENUE	B	-20,033	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.07
33.08	CLASS & LECTURE REVENUE	B	-1,272	NURSING ADMINISTRATION	13.00	0	33.08
33.09	CLASS & LECTURE REVENUE	B	-2,786	PARAMED ED ADMINISTRATION	13.01	0	33.09
33.10	CLASS & LECTURE REVENUE	B	-135,878	RADIOLOGY-DIAGNOSTIC	54.00	0	33.10
33.11	CLASS & LECTURE REVENUE	B	-518,280	RESPIRATORY THERAPY	65.00	0	33.11
33.12	CLASS & LECTURE REVENUE	B	-89,585	LABORATORY	60.00	0	33.12
33.13	CLASS & LECTURE REVENUE	B	-32,851	PARAMED SURGERY TECHNOLOGY	23.09	0	33.13
33.14	CLASS & LECTURE REVENUE	B	-11,559	PARAMED PHARMACY TECH	23.10	0	33.14
33.15	CLASS & LECTURE REVENUE	B	-979	ADULTS & PEDIATRICS	30.00	0	33.15
33.16	CLASS & LECTURE REVENUE	B	-1,075	DELIVERY ROOM & LABOR ROOM	52.00	0	33.16
33.17	CLASS & LECTURE REVENUE	B	-127,339	EMERGENCY	91.00	0	33.17
33.18	MISC OTHER OP REVENUE - RETAIL PHARM	B	-210,348	OUTPATIENT RETAIL PHARMACY	73.03	0	33.18
33.19	MISC OTHER OP REVENUE	B	-9,064	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	MISC OTHER OP REVENUE	B	-1,118,711	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.20
33.21	MISC OTHER OP REVENUE	B	-195,104	OPERATION OF PLANT	7.00	0	33.21
33.22	MISC OTHER OP REVENUE	B	-716	DIETARY	10.00	0	33.22
33.23	MISC OTHER OP REVENUE	B	-11,343	NURSING ADMINISTRATION	13.00	0	33.23
33.24	MISC OTHER OP REVENUE	B	-757,566	PHARMACY	15.00	0	33.24
33.25	MISC OTHER OP REVENUE	B	-9,287	PARAMED PASTORAL EDUCATION	23.05	0	33.25
33.26	MISC OTHER OP REVENUE	B	-5,846	ADULTS & PEDIATRICS	30.00	0	33.26
33.27	MISC OTHER OP REVENUE	B	-210	NEONATAL INTENSIVE CARE UNIT	32.01	0	33.27
33.28	MISC OTHER OP REVENUE	B	-342,602	OPERATING ROOM	50.00	0	33.28
33.29	MISC OTHER OP REVENUE	B	-13,025	PULMONARY FUNCTION TESTING	53.01	0	33.29
33.30	MISC OTHER OP REVENUE	B	-193,597	RADIOLOGY-DIAGNOSTIC	54.00	0	33.30
33.31	MISC OTHER OP REVENUE	B	-3,683,640	LABORATORY	60.00	0	33.31
33.32	MISC OTHER OP REVENUE	B	-19,660	PHYSICAL THERAPY	66.00	0	33.32
33.33	MISC OTHER OP REVENUE	B	-66,724	OCCUPATIONAL THERAPY	67.00	0	33.33
33.34	MISC OTHER OP REVENUE	B	-51,880	ELECTROCARDIOLOGY	69.00	0	33.34
33.35	MISC OTHER OP REVENUE	B	60,000	ELECTROENCEPHALOGRAPHY	70.00	0	33.35
33.36	MISC OTHER OP REVENUE	B	6,600	CARDIAC CATH	76.03	0	33.36
33.37	MISC OTHER OP REVENUE	B	-23,374	IUSCC HEM/ONC	90.02	0	33.37
33.38	MISC OTHER OP REVENUE	B	-36,805	LIFE CARE CLINIC	90.24	0	33.38
33.39	MISC OTHER OP REVENUE	B	-423,421	EMERGENCY	91.00	0	33.39
33.40	MISC OTHER OP REVENUE	B	-770	AMBULANCE SERVICES	95.00	0	33.40
33.41	MISC OTHER OP REVENUE	B	-1,427	HOME HEALTH AGENCY	101.00	0	33.41
33.42	MISC OTHER OP REVENUE	B	-379,215	KIDNEY ACQUISITION	105.00	0	33.42
33.43	MISC OTHER OP REVENUE	B	-49,931	HOSPICE	116.00	0	33.43
33.44	OTHER INSTITUTIONAL REVENUE	B	-2,503,290	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.44
33.45	OTHER INSTITUTIONAL REVENUE	B	-24,800	PARAMED ED ADMINISTRATION	13.01	0	33.45
33.46	OTHER INSTITUTIONAL REVENUE	B	-76,496	MEDICAL RECORDS & LIBRARY	16.00	0	33.46
33.47	OTHER INSTITUTIONAL REVENUE	B	-1,613,384	SOCIAL SERVICE	17.00	0	33.47
33.48	OTHER INSTITUTIONAL REVENUE	B	-1,798	PARAMED SURGERY TECHNOLOGY	23.09	0	33.48
33.49	OTHER INSTITUTIONAL REVENUE	B	-300	PARAMED PHARMACY TECH	23.10	0	33.49
33.50	OTHER INSTITUTIONAL REVENUE	B	-2,044,114	ADULTS & PEDIATRICS	30.00	0	33.50
33.51	OTHER INSTITUTIONAL REVENUE	B	-24,402	NEONATAL INTENSIVE CARE UNIT	32.01	0	33.51
33.52	OTHER INSTITUTIONAL REVENUE	B	-28,762	BURN INTENSIVE CARE UNIT	33.00	0	33.52
33.53	OTHER INSTITUTIONAL REVENUE	B	-63,792	RH PED IC	34.04	0	33.53
33.54	OTHER INSTITUTIONAL REVENUE	B	-16,040	SUBPROVIDER - IRF	41.00	0	33.54
33.55	OTHER INSTITUTIONAL REVENUE	B	-15,800	OPERATING ROOM	50.00	0	33.55

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-8 | Date/Time Prepared: 7/2/2020 10:55 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.56	OTHER INSTITUTIONAL REVENUE	B	-1,979,498	DELIVERY ROOM & LABOR ROOM	52.00	0	33.56
33.57	OTHER INSTITUTIONAL REVENUE	B	-150,000	RADIOLOGY-THERAPEUTIC	55.00	0	33.57
33.58	OTHER INSTITUTIONAL REVENUE	B	-34,953	SPEECH PATHOLOGY	68.00	0	33.58
33.59	OTHER INSTITUTIONAL REVENUE	B	-2,333	CARDIAC CATH	76.03	0	33.59
33.60	OTHER INSTITUTIONAL REVENUE	B	-6,453	KIDNEY ACQUISITION	105.00	0	33.60
33.61	VENDING REVENUE	B	-444	HOME HEALTH AGENCY	101.00	0	33.61
33.62	INTERCOMPANY REVENUE	B	-67,016	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.62
33.63	INTERCOMPANY REVENUE	B	-2,002,614	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.63
33.64	INTERCOMPANY REVENUE	B	-379,257	OPERATION OF PLANT	7.00	0	33.64
33.65	INTERCOMPANY REVENUE	B	-190,261	DIETARY	10.00	0	33.65
33.66	INTERCOMPANY REVENUE	B	-39,215	CENTRAL SERVICES & SUPPLY	14.00	0	33.66
33.67	INTERCOMPANY REVENUE	B	-957,417	PHARMACY	15.00	0	33.67
33.68	INTERCOMPANY REVENUE	B	-885,822	SOCIAL SERVICE	17.00	0	33.68
33.69	INTERCOMPANY REVENUE	B	-3,828,107	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.69
33.70	INTERCOMPANY REVENUE	B	-325,988	ADULTS & PEDIATRICS	30.00	0	33.70
33.71	INTERCOMPANY REVENUE	B	-2,282,758	OPERATING ROOM	50.00	0	33.71
33.72	INTERCOMPANY REVENUE	B	-20,000	PULMONARY FUNCTION TESTING	53.01	0	33.72
33.73	INTERCOMPANY REVENUE	B	-987,373	RADIOLOGY-DIAGNOSTIC	54.00	0	33.73
33.74	INTERCOMPANY REVENUE	B	-194,074	RADIOLOGY-THERAPEUTIC	55.00	0	33.74
33.75	INTERCOMPANY REVENUE	B	-16,640	RADIOISOTOPE	56.00	0	33.75
33.76	INTERCOMPANY REVENUE	B	-128,993,213	LABORATORY	60.00	0	33.76
33.77	INTERCOMPANY REVENUE	B	-293	TRANSPLANT IMMUNOLOGY	60.01	0	33.77
33.78	INTERCOMPANY REVENUE	B	-6,370,397	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.78
33.79	INTERCOMPANY REVENUE	B	-114,228	PHYSICAL THERAPY	66.00	0	33.79
33.80	INTERCOMPANY REVENUE	B	-73,749	SPEECH PATHOLOGY	68.00	0	33.80
33.81	INTERCOMPANY REVENUE	B	-500,388	ELECTROCARDIOLOGY	69.00	0	33.81
33.82	INTERCOMPANY REVENUE	B	-311,844	ELECTROENCEPHALOGRAPHY	70.00	0	33.82
33.83	INTERCOMPANY REVENUE	B	-733,870	AMB SVC-OB & GYN	90.01	0	33.83
33.84	INTERCOMPANY REVENUE	B	-1,324,948	IUSCC HEM/ONC	90.02	0	33.84
33.85	INTERCOMPANY REVENUE	B	-113,732	AMB SVC-OPTHALMOLOGY	90.03	0	33.85
33.86	INTERCOMPANY REVENUE	B	-281,292	OUTPATIENT SURGERY	90.06	0	33.86
33.87	INTERCOMPANY REVENUE	B	-7,108,667	AMB SVC-RILEY CLINICS	90.07	0	33.87
33.88	INTERCOMPANY REVENUE	B	-34,496	MOTILITY LAB	90.08	0	33.88
33.89	INTERCOMPANY REVENUE	B	-2,278,828	SLEEP LAB	90.11	0	33.89
33.90	INTERCOMPANY REVENUE	B	-438,709	PHYSICAL MEDICINE	90.17	0	33.90
33.91	INTERCOMPANY REVENUE	B	-219,947	DERMATOLOGY CLINIC	90.18	0	33.91
33.92	INTERCOMPANY REVENUE	B	-356,146	GASTROENTEROLOGY CLINIC	90.23	0	33.92
33.93	INTERCOMPANY REVENUE	B	-965,624	AMBULANCE SERVICES	95.00	0	33.93
33.94	INTERCOMPANY REVENUE	B	-1,621,002	HOME HEALTH AGENCY	101.00	0	33.94
33.95	INTERCOMPANY REVENUE	B	-55,965	KIDNEY ACQUISITION	105.00	0	33.95
33.96	INTERCOMPANY REVENUE	B	-14,972	HEART ACQUISITION	106.00	0	33.96
33.97	INTERCOMPANY REVENUE	B	-951,103	RESEARCH-GCRC	191.01	0	33.97
33.98	INTERCOMPANY REVENUE	B	-1,084,305	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.98
33.99	PARKING GARAGE	A	-2,107,027	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.99
34.00	PARKING GARAGE	A	-3,995,576	OPERATION OF PLANT	7.00	0	34.00
34.01	INTEREST EXPENSE	A	-209,770	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.01
34.02	INTEREST EXPENSE	A	-25,771	AMBULANCE SERVICES	95.00	0	34.02
34.03	PARKING GARAGE DEPRECIATION	A	-673,931	CAP REL COSTS-BLDG & FIXT	1.00	9	34.03
34.04	PHYSICIAN MALPRACTICE INSURANCE	A	-3,911	KIDNEY ACQUISITION	105.00	0	34.04
34.05	DEPRECIATION TO HOME OFFICE	A	-39,403,737	CAP REL COSTS-BLDG & FIXT	1.00	9	34.05
34.06	PHARMACY RESEARCH	A	-828,206	PHARMACY	15.00	0	34.06
34.07	PHARMACY RESEARCH	A	-126,096	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.07
34.08	PHONES TO HOME OFFICE	A	-41,160	NONPATIENT TELEPHONES	5.01	0	34.08
34.09	CONTRIBUTION EXPENSE	A	-399,995	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.09
34.10	CONTRIBUTION EXPENSE	A	-1,753,049	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.10
34.11	ACADEMIC SUPPORT	A	7,500,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.11

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-8 | Date/Time Prepared: 7/2/2020 10:55 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	
34.12	MEDICAID HAF FEES	A	-80,632,624	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.12
34.13	OUR HOUSE UTILITIES	A	-47,744	OPERATION OF PLANT	7.00	0	34.13
34.14	UNWONTED SITUATIONS	A	-2,194	OPERATION OF PLANT	7.00	0	34.14
34.15	UNWONTED SITUATIONS	A	-20	PARAMED PASTORAL EDUCATION	23.05	0	34.15
34.16	UNWONTED SITUATIONS	A	-12,633	ADULTS & PEDIATRICS	30.00	0	34.16
34.17	UNWONTED SITUATIONS	A	-75	INTENSIVE CARE UNIT	31.00	0	34.17
34.18	UNWONTED SITUATIONS	A	-3,646	CORONARY CARE UNIT	32.00	0	34.18
34.19	UNWONTED SITUATIONS	A	-592	RH PED IC	34.04	0	34.19
34.20	UNWONTED SITUATIONS	A	-793	TRANSPLANT ICU	34.05	0	34.20
34.21	UNWONTED SITUATIONS	A	-85	SUBPROVIDER - IPF	40.00	0	34.21
34.22	UNWONTED SITUATIONS	A	-1,570	RECOVERY ROOM	51.00	0	34.22
34.23	UNWONTED SITUATIONS	A	-15	RADIOLOGY-DIAGNOSTIC	54.00	0	34.23
34.24	UNWONTED SITUATIONS	A	-64	OUTPATIENT SURGERY	90.06	0	34.24
34.25	UNWONTED SITUATIONS	A	-1,883	EMERGENCY	91.00	0	34.25
34.26	LEASE AND RENT REVENUE	B	-3,898,269	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.26
34.27	LEASE AND RENT REVENUE	B	-48,956	RADIOLOGY-DIAGNOSTIC	54.00	0	34.27
34.28	LEASE AND RENT REVENUE	B	-121,305	LABORATORY	60.00	0	34.28
34.29	LEASE AND RENT REVENUE	B	-16,200	AMB SVC-RILEY CLINICS	90.07	0	34.29
34.30	LEASE AND RENT REVENUE	B	-14,688	HOME HEALTH AGENCY	101.00	0	34.30
34.31	NON-ALLOWABLE ADVERTISING	A	-448,428	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.31
34.32	NON-ALLOWABLE ADVERTISING	A	-995	DIETARY	10.00	0	34.32
34.33	NON-ALLOWABLE ADVERTISING	A	-4,950	NURSING ADMINISTRATION	13.00	0	34.33
34.34	NON-ALLOWABLE ADVERTISING	A	-1,680	PARAMED PHARMACY	23.07	0	34.34
34.35	NON-ALLOWABLE ADVERTISING	A	-1,985	ADULTS & PEDIATRICS	30.00	0	34.35
34.36	NON-ALLOWABLE ADVERTISING	A	-3,326	DELIVERY ROOM & LABOR ROOM	52.00	0	34.36
34.37	NON-ALLOWABLE ADVERTISING	A	-114	RADIOLOGY-DIAGNOSTIC	54.00	0	34.37
34.38	NON-ALLOWABLE ADVERTISING	A	-2,445	LABORATORY	60.00	0	34.38
34.39	NON-ALLOWABLE ADVERTISING	A	-901	PHYSICAL THERAPY	66.00	0	34.39
34.40	NON-ALLOWABLE ADVERTISING	A	-126	ELECTROCARDIOLOGY	69.00	0	34.40
34.41	NON-ALLOWABLE ADVERTISING	A	-1,595	ELECTROENCEPHALOGRAPHY	70.00	0	34.41
34.42	NON-ALLOWABLE ADVERTISING	A	-1,249	OUTPATIENT RETAIL PHARMACY	73.03	0	34.42
34.43	NON-ALLOWABLE ADVERTISING	A	-4,333	CARDIAC CATH	76.03	0	34.43
34.44	NON-ALLOWABLE ADVERTISING	A	-1,260	IUSCC HEM/ONC	90.02	0	34.44
34.45	NON-ALLOWABLE ADVERTISING	A	-4,860	SLEEP LAB	90.11	0	34.45
34.46	NON-ALLOWABLE ADVERTISING	A	-388	EATING DISORDERS CLINIC	90.22	0	34.46
34.47	NON-ALLOWABLE ADVERTISING	A	-2,577	LIFE CARE CLINIC	90.24	0	34.47
34.48	NON-ALLOWABLE ADVERTISING	A	-26,339	EMERGENCY	91.00	0	34.48
34.49	NON-ALLOWABLE ADVERTISING	A	-113,753	AMBULANCE SERVICES	95.00	0	34.49
34.50	NON-ALLOWABLE ADVERTISING	A	-6,736	HOME HEALTH AGENCY	101.00	0	34.50
34.51	NON-ALLOWABLE ADVERTISING	A	-656	PANCREAS ACQUISITION	109.00	0	34.51
34.52	NON-ALLOWABLE ADVERTISING	A	-235	HOSPICE	116.00	0	34.52
34.53	START-UP EXPENSE	A	-13,738,140	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.53
34.54	START-UP EXPENSE	A	-2,196,332	DELIVERY ROOM & LABOR ROOM	52.00	0	34.54
34.55	CONSOL CASH INTEREST OFFSET	B	-1,808,802	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.55
34.56	HOSPICE PHYSICIAN FEE	A	-224,693	HOSPICE	116.00	0	34.56
34.57	NRCC PHYSICIAN FEE	A	-349,772	OSA	191.02	0	34.57
34.58	NRCC PHYSICIAN FEE	A	-2,390,861	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.58
34.59	NRCC PHYSICIAN FEE	A	-1,228,227	OTHER NONREIMBURSABLE-METHODIST	192.01	0	34.59
34.60	NRCC PHYSICIAN FEE	A	-6,006,304	OTHER NONREIMBURSABLE - IUMC	192.02	0	34.60
34.61	H.O. PARAMED ED	A	12,285	PARAMED PHARMACY	23.07	0	34.61
34.62	SURG CENTER PARAMED ED	A	7,117	PARAMED SURGERY TECHNOLOGY	23.09	0	34.62
34.63	OTHER ORGAN ACQ PHYSICIAN FEE	A	-1,318,640	OTHER ORGAN ACQUISITION EXP	112.00	0	34.63
34.64	HEART ACCRUAL ADJUSTMENT	A	-337,950	HEART ACQUISITION	106.00	0	34.64
34.65	INTESTINE ACCRUAL ADJUSTMENT	A	-552	INTESTINAL ACQUISITION	110.00	0	34.65
34.66	KIDNEY ACCRUAL ADJUSTMENT	A	-150,014	KIDNEY ACQUISITION	105.00	0	34.66
34.67	LIVER ACCRUAL ADJUSTMENT	A	602,364	LIVER ACQUISITION	107.00	0	34.67
34.68	LUNG ACCRUAL ADJUSTMENT	A	153,740	LUNG ACQUISITION	108.00	0	34.68
34.69	PANCREAS ACCRUAL ADJUSTMENT	A	86,502	PANCREAS ACQUISITION	109.00	0	34.69

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-8 | Date/Time Prepared: 7/2/2020 10:55 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-316,453,141				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 01/01/2019 To 12/31/2019 | Worksheet A-8-1 | Date/Time Prepared: 7/2/2020 10:55 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	45,229,484	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY EXPENSE	16,890,613	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY EXPENSE	142,902,051	0	3.00
3.01	5.01	NONPATIENT TELEPHONES	INTERCOMPANY EXPENSE	10,054	10,054	3.01
3.02	5.02	DATA PROCESSING	INTERCOMPANY EXPENSE	78,630,030	0	3.02
3.03	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY EXPENSE	9,068,780	0	3.03
3.04	5.04	ADMITTING	INTERCOMPANY EXPENSE	16,160,017	0	3.04
3.05	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY EXPENSE	51,374,764	0	3.05
3.06	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY EXPENSE	167,840,090	342,598,261	3.06
3.07	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY EXPENSE	9,291,964	0	3.07
3.08	7.00	OPERATION OF PLANT	INTERCOMPANY EXPENSE	38,523,528	481,517	3.08
3.09	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY EXPENSE	3,532,200	0	3.09
3.10	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY EXPENSE	3,637,758	0	3.10
3.11	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY EXPENSE	5,687,914	0	3.11
3.12	10.00	DIETARY	INTERCOMPANY EXPENSE	1,379,807	1,379,807	3.12
3.13	11.00	CAFETERIA	INTERCOMPANY EXPENSE	1,118,770	0	3.13
3.14	13.00	NURSING ADMINISTRATION	INTERCOMPANY EXPENSE	14,243,056	7,930,843	3.14
3.15	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY EXPENSE	55,661	55,661	3.15
3.16	15.00	PHARMACY	INTERCOMPANY EXPENSE	91,919	510,792	3.16
3.17	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY EXPENSE	15,704,887	0	3.17
3.18	18.00	PATIENT TRANSPORTATION	INTERCOMPANY EXPENSE	981,023	981,023	3.18
3.19	22.00	I&R SERVICES-OTHER PRGM COST	INTERCOMPANY EXPENSE	1,496,940	1,496,940	3.19
3.20	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	15,000	15,000	3.20
3.21	30.00	ADULTS & PEDIATRICS	INTERCOMPANY EXPENSE	28,906,586	28,906,586	3.21
3.22	31.00	INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	48,768	48,768	3.22
3.23	32.00	CORONARY CARE UNIT	INTERCOMPANY EXPENSE	497,806	497,806	3.23
3.24	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	93,512	93,512	3.24
3.25	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	13,133	13,133	3.25
3.26	34.04	RH PED IC	INTERCOMPANY EXPENSE	2,622,181	2,622,181	3.26
3.27	34.06	PEDS CANCER CARE	INTERCOMPANY EXPENSE	23,898	23,898	3.27
3.28	40.00	SUBPROVIDER - IPF	INTERCOMPANY EXPENSE	870,516	870,516	3.28
3.29	50.00	OPERATING ROOM	INTERCOMPANY EXPENSE	7,872,604	7,872,604	3.29
3.30	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY EXPENSE	1,557,431	1,557,431	3.30
3.31	53.00	ANESTHESIOLOGY	INTERCOMPANY EXPENSE	15,545,331	15,545,331	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	4,723,760	4,723,760	3.33
3.34	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY EXPENSE	4,401,984	4,401,984	3.34
3.35	56.00	RADIOISOTOPE	INTERCOMPANY EXPENSE	189,976	189,976	3.35
3.36	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY EXPENSE	5,884	5,884	3.36
3.37	60.00	LABORATORY	INTERCOMPANY EXPENSE	76,426,436	76,426,436	3.37
3.38	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY EXPENSE	234,118	234,118	3.38
3.39	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	7,468	7,468	3.39
3.40	66.00	PHYSICAL THERAPY	INTERCOMPANY EXPENSE	40,057	40,057	3.40
3.41	69.00	ELECTROCARDIOLOGY	INTERCOMPANY EXPENSE	2,654,263	2,654,263	3.41
3.42	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY EXPENSE	294,445	301,941	3.42
3.43	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY EXPENSE	63,089	63,089	3.43
3.44	74.00	RENAL DIALYSIS	INTERCOMPANY EXPENSE	2,050	2,050	3.44
3.45	76.01	CARDIOLOGY	INTERCOMPANY EXPENSE	41,052	41,052	3.45
3.46	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY EXPENSE	969,018	969,018	3.46
3.47	76.03	CARDIAC CATH	INTERCOMPANY EXPENSE	2,892,805	2,892,805	3.47
3.48	76.04	DAY SURGERY	INTERCOMPANY EXPENSE	186,578	186,578	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	36,556	36,556	3.50
3.51	90.02	IUSCC HEM/ONC	INTERCOMPANY EXPENSE	6,729,542	9,847,707	3.51
3.52	90.06	OUTPATIENT SURGERY	INTERCOMPANY EXPENSE	32,680	32,680	3.52
3.53	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY EXPENSE	858,758	858,758	3.53
3.54	90.08	MOTILITY LAB	INTERCOMPANY EXPENSE	12,921	12,921	3.54
3.55	90.11	SLEEP LAB	INTERCOMPANY EXPENSE	369,242	4,402,020	3.55
3.56	90.14	INFUSION CLINIC	INTERCOMPANY EXPENSE	33,800	33,800	3.56
3.57	90.22	EATING DISORDERS CLINIC	INTERCOMPANY EXPENSE	309,794	309,794	3.57
3.58	90.24	LIFE CARE CLINIC	INTERCOMPANY EXPENSE	109,745	109,745	3.58
3.59	91.00	EMERGENCY	INTERCOMPANY EXPENSE	14,351,753	14,351,753	3.59
3.60	95.00	AMBULANCE SERVICES	INTERCOMPANY EXPENSE	361,815	3,836,823	3.60
3.61	101.00	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE	481,648	7,658,715	3.61
3.62	105.00	KIDNEY ACQUISITION	INTERCOMPANY EXPENSE	68,440	68,440	3.62
3.63	107.00	LIVER ACQUISITION	INTERCOMPANY EXPENSE	1,480,668	1,480,668	3.63
3.64	108.00	LUNG ACQUISITION	INTERCOMPANY EXPENSE	1,275,155	1,275,155	3.64
3.65	112.00	OTHER ORGAN ACQUISITION EXP	INTERCOMPANY EXPENSE	1,359,720	1,359,720	3.65
3.66	116.00	HOSPICE	INTERCOMPANY EXPENSE	827,534	827,534	3.66
3.67	191.02	OSA	INTERCOMPANY EXPENSE	63,718	63,718	3.67

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-8-1 | Date/Time Prepared: 7/2/2020 10:55 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	192.00	PHYSICIANS' PRIVATE OFFICES	INTERCOMPANY EXPENSE	2,390,861	2,390,861	3.68
3.69	192.01	OTHER NONREIMBURSABLE-METHOD	INTERCOMPANY EXPENSE	754,320	754,320	3.69
3.70	192.02	OTHER NONREIMBURSABLE - IUMC	INTERCOMPANY EXPENSE	4,667,405	4,667,405	3.70
3.71	0.00			0	0	3.71
3.72	0.00			0	0	3.72
3.73	0.00			0	0	3.73
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			811,782,011	561,186,113	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 01/01/2019 To 12/31/2019 | Worksheet A-8-1 | Date/Time Prepared: 7/2/2020 10:55 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	45,229,484	9		1.00
2.00	16,890,613	9		2.00
3.00	142,902,051	0		3.00
3.01	0	0		3.01
3.02	78,630,030	0		3.02
3.03	9,068,780	0		3.03
3.04	16,160,017	0		3.04
3.05	51,374,764	0		3.05
3.06	-174,758,171	0		3.06
3.07	9,291,964	0		3.07
3.08	38,042,011	0		3.08
3.09	3,532,200	0		3.09
3.10	3,637,758	0		3.10
3.11	5,687,914	0		3.11
3.12	0	0		3.12
3.13	1,118,770	0		3.13
3.14	6,312,213	0		3.14
3.15	0	0		3.15
3.16	-418,873	0		3.16
3.17	15,704,887	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	0	0		3.28
3.29	0	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	0	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	-7,496	0		3.42
3.43	0	0		3.43
3.44	0	0		3.44
3.45	0	0		3.45
3.46	0	0		3.46
3.47	0	0		3.47
3.48	0	0		3.48
3.49	0	0		3.49
3.50	0	0		3.50
3.51	-3,118,165	0		3.51
3.52	0	0		3.52
3.53	0	0		3.53
3.54	0	0		3.54
3.55	-4,032,778	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	-3,475,008	0		3.60
3.61	-7,177,067	0		3.61
3.62	0	0		3.62
3.63	0	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 01/01/2019 To 12/31/2019	Worksheet A-8-1 Date/Time Prepared: 7/2/2020 10:55 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	250,595,898			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

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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 01/01/2019 To 12/31/2019 | Worksheet A-8-2 | Date/Time Prepared: 7/2/2020 10:55 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	18,993,215	18,993,215	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	7,228,581	7,228,581	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	28,455,253	28,455,253	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	477,148	477,148	0	0	0	4.00
5.00	34.04	RH PED IC	2,478,073	2,478,073	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	855,000	855,000	0	0	0	6.00
7.00	50.00	OPERATING ROOM	7,473,473	7,473,473	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	675,179	675,179	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	17,946,585	15,462,307	2,484,278	239,400	26,280	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	3,777,574	3,777,574	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	3,334,586	3,334,586	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	189,976	189,976	0	0	0	12.00
13.00	60.00	LABORATORY	871,927	871,927	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	2,634,902	2,634,902	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	294,445	294,445	0	0	0	15.00
16.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	969,018	969,018	0	0	0	16.00
17.00	76.03	CARDIAC CATH	2,805,568	2,805,568	0	0	0	17.00
18.00	90.02	IUSCC HEM/ONC	5,605,649	5,605,649	0	0	0	18.00
19.00	90.06	OUTPATIENT SURGERY	6,000	6,000	0	0	0	19.00
20.00	90.07	AMB SVC-RILEY CLINICS	387,165	387,165	0	0	0	20.00
21.00	90.14	INFUSION CLINIC	33,800	33,800	0	0	0	21.00
22.00	90.22	EATING DISORDERS CLINIC	305,936	305,936	0	0	0	22.00
23.00	90.24	LIFE CARE CLINIC	101,805	101,805	0	0	0	23.00
24.00	91.00	EMERGENCY	16,857,984	11,813,112	5,044,872	197,500	52,560	24.00
25.00	95.00	AMBULANCE SERVICES	147,653	147,653	0	0	0	25.00
26.00	107.00	LIVER ACQUISITION	1,375,706	1,375,706	0	0	0	26.00
27.00	108.00	LUNG ACQUISITION	1,275,155	1,275,155	0	0	0	27.00
200.00			125,557,356	118,028,206	7,529,150		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	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	16.00
17.00	76.03	CARDIAC CATH	0	0	0	0	0	17.00
18.00	90.02	IUSCC HEM/ONC	0	0	0	0	0	18.00
19.00	90.06	OUTPATIENT SURGERY	0	0	0	0	0	19.00
20.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	0	0	20.00
21.00	90.14	INFUSION CLINIC	0	0	0	0	0	21.00
22.00	90.22	EATING DISORDERS CLINIC	0	0	0	0	0	22.00
23.00	90.24	LIFE CARE CLINIC	0	0	0	0	0	23.00
24.00	91.00	EMERGENCY	4,990,673	249,534	0	0	0	24.00
25.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	25.00
26.00	107.00	LIVER ACQUISITION	0	0	0	0	0	26.00
27.00	108.00	LUNG 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	18,993,215		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	7,228,581		2.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet A-8-2 | Date/Time Prepared: 7/2/2020 10:55 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	28,455,253		3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	477,148		4.00
5.00	34.04	RH PED IC	0	0	0	2,478,073		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	855,000		6.00
7.00	50.00	OPERATING ROOM	0	0	0	7,473,473		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	675,179		8.00
9.00	53.00	ANESTHESIOLOGY	0	3,024,727	0	15,462,307		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,777,574		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,334,586		11.00
12.00	56.00	RADIOISOTOPE	0	0	0	189,976		12.00
13.00	60.00	LABORATORY	0	0	0	871,927		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,634,902		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	294,445		15.00
16.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	969,018		16.00
17.00	76.03	CARDIAC CATH	0	0	0	2,805,568		17.00
18.00	90.02	IUSCC HEM/ONC	0	0	0	5,605,649		18.00
19.00	90.06	OUTPATIENT SURGERY	0	0	0	6,000		19.00
20.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	387,165		20.00
21.00	90.14	INFUSION CLINIC	0	0	0	33,800		21.00
22.00	90.22	EATING DISORDERS CLINIC	0	0	0	305,936		22.00
23.00	90.24	LIFE CARE CLINIC	0	0	0	101,805		23.00
24.00	91.00	EMERGENCY	0	4,990,673	54,199	11,867,311		24.00
25.00	95.00	AMBULANCE SERVICES	0	0	0	147,653		25.00
26.00	107.00	LIVER ACQUISITION	0	0	0	1,375,706		26.00
27.00	108.00	LUNG ACQUISITION	0	0	0	1,275,155		27.00
200.00			0	8,015,400	54,199	118,082,405		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	53,748,896	53,748,896				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	78,615,944		78,615,944			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	146,381,269	22,420	2,821	146,406,510		4.00
5.01	00540	NONPATIENT TELEPHONES	42,433	0	1,687	0	44,120	5.01
5.02	00550	DATA PROCESSING	78,633,094	36,098	12,150	0	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	8,327,425	25,537	5,456	437	0	5.03
5.04	00570	ADMITTING	16,184,184	35,274	6,535	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	51,374,764	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	177,559,040	2,609,302	2,079,157	3,357,500	653	5.06
6.00	00600	MAINTENANCE & REPAIRS	31,534,715	652,645	682,957	1,091,543	307	6.00
7.00	00700	OPERATION OF PLANT	55,147,769	4,191,166	618,078	1,343,618	517	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,647	351,052	0	1,962	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,532,450	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,637,758	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,687,914	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	639,532	18,252	6,402	101,839	63	9.04
9.05	00905	HOUSEKEEPING - MORGAN	477,924	17,733	326	87,452	59	9.05
10.00	01000	DIETARY	11,555,458	433,413	404,880	1,856,759	966	10.00
11.00	01100	CAFETERIA	1,118,846	63,589	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	29,285,351	739,784	887,032	4,656,017	1,136	13.00
13.01	01851	PARAMED ED ADMINISTRATION	227,169	114,190	5,579	36,913	10	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	126,010,062	845,243	1,402,703	1,994,645	1,039	14.00
15.00	01500	PHARMACY	35,349,196	683,829	994,454	6,962,755	1,561	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,738,617	11,216	0	25,070	10	16.00
17.00	01700	SOCIAL SERVICE	5,305,909	62,991	0	1,198,958	405	17.00
18.00	01850	PATIENT TRANSPORTATION	2,995,403	11,690	32,992	433,018	239	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	47,414,150	44,750	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	52,153,471	318,828	0	12,751	5	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	439,540	30,326	0	99,172	44	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	1,690,416	44,964	0	355,296	107	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	292,843	25,854	0	69,150	24	23.09
23.10	02310	PARAMED PHARMACY TECH	184,175	25,278	0	41,911	15	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	122,859,405	8,094,657	4,015,072	26,273,879	8,647	30.00
31.00	03100	INTENSIVE CARE UNIT	14,513,957	473,691	292,966	3,090,091	936	31.00
32.00	03200	CORONARY CARE UNIT	15,517,943	545,582	624,719	3,281,559	985	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	19,747,082	890,151	1,118,758	4,196,772	1,424	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,958,189	171,014	151,405	404,375	117	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,392,100	305,116	126,825	724,049	229	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	9,499,560	610,504	586,230	2,012,079	634	34.04
34.05	03404	TRANSPLANT ICU	1,807,911	151,971	64,549	402,147	127	34.05
34.06	03407	PEDS CANCER CARE	1,904,711	470,505	144,612	398,441	132	34.06
40.00	04000	SUBPROVIDER - IPF	3,553,202	449,350	41,234	781,127	268	40.00
41.00	04100	SUBPROVIDER - IRF	426,238	71,191	25,140	92,201	29	41.00
43.00	04300	NURSERY	1,420,974	3,343	3,312	296,375	88	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,699,997	2,986,072	20,361,878	8,763,789	2,604	50.00
50.01	05001	ENDOSCOPY	1,616,535	75,596	218,490	316,567	88	50.01
51.00	05100	RECOVERY ROOM	8,943,702	805,655	565,645	1,911,173	585	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,525,441	506,626	725,985	1,528,243	415	52.00
53.00	05300	ANESTHESIOLOGY	3,843,181	120,955	780,436	261,885	93	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,570,386	238,986	358,759	732,653	215	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,219,485	3,038,988	14,901,630	6,992,829	1,965	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,906,871	605,896	3,813,985	983,522	254	55.00
56.00	05600	RADIOISOTOPE	1,342,337	220,507	954,732	252,222	63	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,407,017	141,241	192,784	214,095	59	59.00
60.00	06000	LABORATORY	32,003,232	2,455,581	5,188,025	11,187,741	2,726	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	1,381,866	50,488	69,936	221,164	63	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,179,985	86,653	98,398	696,628	205	63.00
65.00	06500	RESPIRATORY THERAPY	21,203,549	283,916	1,120,974	4,680,773	1,365	65.00
66.00	06600	PHYSICAL THERAPY	18,911,603	527,612	267,976	3,766,971	1,005	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,952,022	92,640	634	853,979	224	67.00
68.00	06800	SPEECH PATHOLOGY	4,799,986	280,607	248,890	1,037,591	278	68.00
69.00	06900	ELECTROCARDIOLOGY	2,942,739	125,394	776,255	642,888	190	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,756,047	654,666	727,777	1,077,771	288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,215,451	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,584,312	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	240,973,355	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	169,149,979	128,794	82,080	1,846,637	458	73.03
74.00	07400	RENAL DIALYSIS	3,968,954	489,740	321,274	816,884	229	74.00
76.00	03020	RH NBN ECMO IC	1,111,832	0	59,108	240,480	49	76.00
76.01	03140	CARDIOLOGY	1,104,287	112,484	701,634	225,943	63	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,009,779	10,120	30,534	216,947	73	76.02
76.03	03950	CARDIAC CATH	4,699,570	762,554	1,623,529	1,038,928	254	76.03
76.04	03951	DAY SURGERY	4,627,897	299,390	49,145	896,102	297	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	1,503,574	4,936	97,809	323,092	78	76.08
76.97	07697	CARDIAC REHABILITATION	685,940	94,966	49,939	105,246	29	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	1,266,569	222,665	77,155	396,789	127	90.01
90.02	09002	IUSCC HEM/ONC	17,575,248	1,508,109	792,823	3,306,665	956	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	392,348	3,592	348,676	101,803	39	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,046,449	149,983	235	212,966	68	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,112,197	156,093	240,365	490,204	132	90.06
90.07	09007	AMB SVC-RILEY CLINICS	-1,073,816	640,345	62,628	1,269,823	415	90.07
90.08	09008	MOTILITY LAB	116,815	2,451	58,852	33,021	5	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	603	0	0	0	0	90.10
90.11	09023	SLEEP LAB	3,275,875	66,345	191,174	865,124	278	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	405,802	0	7,253	61,339	20	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	629,581	150,875	3,448	200,068	83	90.17
90.18	09016	DERMATOLOGY CLINIC	655,432	91,329	25,928	177,164	59	90.18
90.19	09017	INFUSION/HEM/ONC	821,724	0	4,863	121,861	44	90.19
90.20	09025	IUMG - MH	0	48,646	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	94,160	23,651	3,664	19,451	10	90.21
90.22	09020	EATING DISORDERS CLINIC	1,429,291	0	10,413	233,179	68	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	991,387	186,375	17,722	290,567	107	90.23
90.24	09021	LIFE CARE CLINIC	1,459,234	95,813	0	312,995	122	90.24
91.00	09100	EMERGENCY	30,699,846	1,698,798	726,631	5,090,920	1,639	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	28,237,946	0	6,229,614	3,514,474	1,278	95.00
101.00	10100	HOME HEALTH AGENCY	64,224,951	265,404	119,355	5,583,061	1,687	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,650,576	106,193	124,744	727,527	176	105.00
106.00	10600	HEART ACQUISITION	1,952,932	6,969	8,188	97,972	20	106.00
107.00	10700	LIVER ACQUISITION	10,639,737	53,051	62,320	272,531	73	107.00
108.00	10800	LUNG ACQUISITION	2,960,701	7,624	8,957	119,985	29	108.00
109.00	10900	PANCREAS ACQUISITION	1,634,693	8,132	9,559	36,952	10	109.00
110.00	11000	INTESTINAL ACQUISITION	497,177	1,209	1,422	32,918	10	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	338,185	0	0	68,938	15	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,382,155	120,820	141,925	883,411	229	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	14,123,519	61,907	46,062	1,587,692	497	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,216,355,864	44,529,941	78,050,248	143,622,004	43,187	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	307,831	125,123	24,962	33,718	146	190.00
191.00	19100	RESEARCH	2,858,925	301,581	71,741	537,661	20	191.00
191.01	19101	RESEARCH-GCRC	-165,936	79,978	37,685	166,337	98	191.01
191.02	19102	OSA	4,371,936	6,607	5,723	577,142	59	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,196	460,227	1,636	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	6,888,603	1,138,048	383,819	1,370,398	575	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	187,507	0	9,470	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	7,056,576	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	220,405	0	20,652	45,062	20	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	300,431	50,815	10,008	54,188	15	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)	2,231,340,762	53,748,896	78,615,944	146,406,510	44,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	78,681,342					5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	8,358,855				5.03
5.04	00570	ADMITTING	0	9	16,226,002			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	51,374,764		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,165,392	3,802	0	0	186,774,846	5.06
6.00	00600	MAINTENANCE & REPAIRS	547,908	0	0	0	34,510,075	6.00
7.00	00700	OPERATION OF PLANT	921,877	1,049	0	0	62,224,074	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	439,661	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,532,450	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,637,758	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	5,687,914	9.03
9.04	00904	HOUSEKEEPING - SAXONY	113,060	382	0	0	879,530	9.04
9.05	00905	HOUSEKEEPING - MORGAN	104,363	150	0	0	688,007	9.05
10.00	01000	DIETARY	1,721,997	922	0	0	15,974,395	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,182,435	11.00
13.00	01300	NURSING ADMINISTRATION	2,026,390	1,159	0	0	37,596,869	13.00
13.01	01851	PARAMED ED ADMINISTRATION	17,394	30	0	0	401,285	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,852,451	78,568	0	0	132,184,711	14.00
15.00	01500	PHARMACY	2,783,025	63,394	0	0	46,838,214	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,394	0	0	0	17,792,307	16.00
17.00	01700	SOCIAL SERVICE	721,847	50	0	0	7,290,160	17.00
18.00	01850	PATIENT TRANSPORTATION	426,151	155	0	0	3,899,648	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	47,458,900	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,697	6	0	0	52,493,758	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	78,273	0	0	0	647,355	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	191,333	0	0	0	2,282,116	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	43,485	1	0	0	431,357	23.09
23.10	02310	PARAMED PHARMACY TECH	26,091	26	0	0	277,496	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,428,397	376,295	2,784,534	5,133,874	184,974,760	30.00
31.00	03100	INTENSIVE CARE UNIT	1,669,815	70,344	363,208	599,734	21,074,742	31.00
32.00	03200	CORONARY CARE UNIT	1,756,785	89,852	334,720	552,694	22,704,839	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,539,511	43,955	584,905	965,803	30,088,361	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	208,727	5,830	31,043	51,259	2,981,959	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	408,757	17,494	85,401	141,016	5,200,987	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	1,130,604	33,488	221,375	365,538	14,460,012	34.04
34.05	03404	TRANSPLANT ICU	226,121	11,883	42,331	69,898	2,776,938	34.05
34.06	03407	PEDS CANCER CARE	234,818	5,360	48,247	79,667	3,286,493	34.06
40.00	04000	SUBPROVIDER - IPF	478,332	996	42,234	69,737	5,416,480	40.00
41.00	04100	SUBPROVIDER - IRF	52,182	718	7,328	12,100	687,127	41.00
43.00	04300	NURSERY	156,545	3,098	29,446	48,622	1,961,803	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,644,173	823,233	2,303,373	5,947,886	89,533,005	50.00
50.01	05001	ENDOSCOPY	156,545	23,049	77,002	188,959	2,672,831	50.01
51.00	05100	RECOVERY ROOM	1,043,634	18,747	170,492	771,708	14,231,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	739,241	20,499	164,795	315,251	9,526,496	52.00
53.00	05300	ANESTHESIOLOGY	165,242	87,749	187,760	461,480	5,908,781	53.00
53.01	05301	PULMONARY FUNCTION TESTING	382,666	7,270	15,806	212,792	5,519,533	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,504,872	164,735	840,668	3,287,898	68,953,070	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	452,242	3,154	37,994	1,023,228	12,827,146	55.00
56.00	05600	RADIOISOTOPE	113,060	3,313	22,601	295,341	3,204,176	56.00
59.00	05900	CARDIAC CATHETERIZATION	104,363	14,342	47,423	276,681	2,398,005	59.00
60.00	06000	LABORATORY	4,861,597	1,387,513	946,223	3,091,716	61,124,354	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	113,060	52,760	6,701	83,018	1,979,056	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	365,272	69,279	323,420	604,833	12,424,673	63.00
65.00	06500	RESPIRATORY THERAPY	2,435,147	112,849	500,488	851,195	31,190,256	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	1,791,573	16,316	175,723	445,477	25,904,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	400,060	3,149	61,343	124,904	5,488,955	67.00
68.00	06800	SPEECH PATHOLOGY	495,726	4,418	32,552	142,062	7,042,110	68.00
69.00	06900	ELECTROCARDIOLOGY	339,181	2,616	157,994	486,315	5,473,572	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	513,120	8,186	135,217	318,548	9,191,620	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,645,371	663,647	1,853,225	53,377,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,694,171	1,468,044	3,240,739	87,987,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,125,106	8,769,538	251,867,999	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	817,514	488	0	1,121,343	173,147,293	73.03
74.00	07400	RENAL DIALYSIS	408,757	48,304	72,904	196,572	6,323,618	74.00
76.00	03020	RH NBN ECMO IC	86,970	6,747	14,228	23,493	1,542,907	76.00
76.01	03140	CARDIOLOGY	113,060	23,717	59,008	314,653	2,654,849	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	130,454	1,843	812	5,439	1,406,001	76.02
76.03	03950	CARDIAC CATH	452,242	49,403	204,064	936,701	9,767,245	76.03
76.04	03951	DAY SURGERY	530,514	22,165	1,873	95,191	6,522,574	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	139,151	5	40,986	67,724	2,177,355	76.08
76.97	07697	CARDIAC REHABILITATION	52,182	240	10	21,543	1,010,095	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	226,121	2,459	261	36,505	2,228,651	90.01
90.02	09002	IUSCC HEM/ONC	1,704,603	33,031	3,454	706,289	25,631,178	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	69,576	432	4	26,654	943,124	90.03
90.04	09004	AMB SVC-PSYCH ADULT	121,757	76	0	5,756	1,537,290	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	234,818	970	44,774	153,379	3,432,932	90.06
90.07	09007	AMB SVC-RILEY CLINICS	739,241	7,741	1,466	95,310	1,743,153	90.07
90.08	09008	MOTILITY LAB	8,697	1,457	111	6,714	228,123	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	603	90.10
90.11	09023	SLEEP LAB	495,726	6,369	0	123,061	5,023,952	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	34,788	406	0	30,997	540,605	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	147,848	527	34	10,712	1,143,176	90.17
90.18	09016	DERMATOLOGY CLINIC	104,363	2,287	3	42,292	1,098,857	90.18
90.19	09017	INFUSION/HEM/ONC	78,273	1,557	48	74,610	1,102,980	90.19
90.20	09025	IUMG - MH	0	0	0	0	48,646	90.20
90.21	09019	OP REHAB CLINIC	17,394	33	0	2,946	161,309	90.21
90.22	09020	EATING DISORDERS CLINIC	121,757	0	0	18,536	1,813,244	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	191,333	415	45	16,265	1,694,216	90.23
90.24	09021	LIFE CARE CLINIC	217,424	310	0	0	2,085,898	90.24
91.00	09100	EMERGENCY	2,922,177	103,477	549,539	3,467,938	45,260,965	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	2,278,602	16,893	668	1,237,051	41,516,526	95.00
101.00	10100	HOME HEALTH AGENCY	3,009,146	19,256	0	1,141,277	74,364,137	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	313,090	8,571	95,832	158,239	15,184,948	105.00
106.00	10600	HEART ACQUISITION	34,788	30	10,028	16,559	2,127,486	106.00
107.00	10700	LIVER ACQUISITION	130,454	2,767	61,220	101,087	11,323,240	107.00
108.00	10800	LUNG ACQUISITION	52,182	524	14,869	24,552	3,189,423	108.00
109.00	10900	PANCREAS ACQUISITION	17,394	295	8,717	14,393	1,730,145	109.00
110.00	11000	INTESTINAL ACQUISITION	17,394	136	1,900	3,138	555,304	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	26,091	0	0	0	433,229	112.00
112.01	08601	POST TRANSPLANT EXPENSES	408,757	7,582	0	0	5,944,879	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	887,089	6,632	0	195,109	16,908,507	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,020,223	8,348,880	16,226,002	51,374,764	2,202,114,680	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	260,909	0	0	0	752,689	190.00
191.00	19100	RESEARCH	34,788	1,797	0	0	3,806,513	191.00
191.01	19101	RESEARCH-GCRC	173,939	1,724	0	0	293,825	191.01
191.02	19102	OSA	104,363	1,066	0	0	5,066,896	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	477,059	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,026,241	3,737	0	0	10,811,421	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	68	0	0	197,045	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	7,056,576	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	34,788	1,551	0	0	322,478	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	26,091	32	0	0	441,580	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)	78,681,342	8,358,855	16,226,002	51,374,764	2,231,340,762	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	186,774,846					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,152,564	37,662,639				6.00
7.00	00700	OPERATION OF PLANT	5,684,294	3,133,965	71,042,333			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,164	262,501	540,093	1,282,419		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	322,696	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	332,316	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	519,602	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	80,347	13,648	28,081	5	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	62,851	13,260	27,282	0	0	9.05
10.00	01000	DIETARY	1,459,293	324,087	666,805	0	0	10.00
11.00	01100	CAFETERIA	108,018	47,549	97,832	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,434,549	553,177	1,138,155	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	36,658	85,386	175,681	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	12,075,338	632,034	1,300,403	3,552	0	14.00
15.00	01500	PHARMACY	4,278,765	511,337	1,052,069	2	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,625,363	8,387	17,255	0	0	16.00
17.00	01700	SOCIAL SERVICE	665,971	47,102	96,911	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	356,241	8,741	17,985	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,335,465	33,462	68,847	127	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,795,410	238,405	490,516	849	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	59,137	22,677	46,657	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	208,476	33,622	69,178	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	39,405	19,332	39,776	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	25,350	18,901	38,890	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	16,897,814	6,052,820	12,453,600	621,484	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,925,220	354,204	728,771	48,763	0	31.00
32.00	03200	CORONARY CARE UNIT	2,074,132	407,961	839,376	48,125	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,748,632	665,615	1,369,494	32,119	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	272,408	127,876	263,104	9,051	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	475,121	228,152	469,421	7,535	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	1,320,951	456,507	939,258	25,357	0	34.04
34.05	03404	TRANSPLANT ICU	253,679	113,637	233,807	7,591	0	34.05
34.06	03407	PEDS CANCER CARE	300,228	351,823	723,871	9,714	0	34.06
40.00	04000	SUBPROVIDER - IPF	494,806	336,004	691,324	6,506	0	40.00
41.00	04100	SUBPROVIDER - IRF	62,770	53,233	109,527	1,561	0	41.00
43.00	04300	NURSERY	179,215	2,500	5,144	11,498	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,179,019	2,232,850	4,594,063	110,431	0	50.00
50.01	05001	ENDOSCOPY	244,168	56,527	116,304	3,528	0	50.01
51.00	05100	RECOVERY ROOM	1,300,061	602,432	1,239,497	13,928	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	870,264	378,832	779,443	32,752	0	52.00
53.00	05300	ANESTHESIOLOGY	539,779	90,445	186,090	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	504,220	178,703	367,679	4,163	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,299,001	2,272,419	4,675,474	83,219	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,171,785	453,061	932,169	10,453	0	55.00
56.00	05600	RADIOISOTOPE	292,708	164,886	339,250	2,931	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	219,063	105,614	217,299	18	0	59.00
60.00	06000	LABORATORY	5,583,832	1,836,172	3,777,903	2,575	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	180,791	37,752	77,675	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.	1,135,019	64,795	133,316	18	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,849,292	212,300	436,804	114	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	2,366,406	394,524	811,729	9,082	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	501,427	69,272	142,526	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	643,311	209,825	431,713	89	0	68.00
69.00	06900	ELECTROCARDIOLOGY	500,022	93,764	192,919	7,131	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	839,673	489,530	1,007,202	1,101	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,876,159	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,037,813	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,008,306	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	15,817,352	96,306	198,149	0	0	73.03
74.00	07400	RENAL DIALYSIS	577,675	366,206	753,464	5,461	0	74.00
76.00	03020	RH NBN ECMO IC	140,948	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	242,526	84,111	173,057	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	128,441	7,567	15,570	1,679	0	76.02
76.03	03950	CARDIAC CATH	892,257	570,203	1,173,187	18,349	0	76.03
76.04	03951	DAY SURGERY	595,850	223,870	460,611	11,500	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	198,906	3,691	7,594	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	92,274	71,011	146,105	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	203,592	166,499	342,569	3,716	0	90.01
90.02	09002	IUSCC HEM/ONC	2,341,459	1,127,696	2,320,221	4,340	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	86,156	2,686	5,526	1	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	140,435	112,151	230,748	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	313,605	116,720	240,149	1,064	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	159,241	478,821	985,168	4,441	0	90.07
90.08	09008	MOTILITY LAB	20,839	1,833	3,771	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	55	0	0	0	0	90.10
90.11	09023	SLEEP LAB	458,948	49,610	102,072	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	49,385	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	104,431	112,818	232,121	1,369	0	90.17
90.18	09016	DERMATOLOGY CLINIC	100,383	68,292	140,510	1,760	0	90.18
90.19	09017	INFUSION/HEM/ONC	100,759	0	0	0	0	90.19
90.20	09025	IUMG - MH	4,444	36,376	74,842	0	0	90.20
90.21	09019	OP REHAB CLINIC	14,736	17,685	36,387	1,153	0	90.21
90.22	09020	EATING DISORDERS CLINIC	165,643	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	154,770	139,363	286,737	476	0	90.23
90.24	09021	LIFE CARE CLINIC	190,551	71,645	147,409	0	0	90.24
91.00	09100	EMERGENCY	4,134,680	1,270,285	2,613,596	108,298	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	3,792,618	0	0	28	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,793,313	198,457	408,323	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,387,175	79,407	163,378	0	0	105.00
106.00	10600	HEART ACQUISITION	194,350	5,211	10,722	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,034,401	39,669	81,619	0	0	107.00
108.00	10800	LUNG ACQUISITION	291,360	5,701	11,729	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	158,052	6,081	12,511	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	50,728	904	1,859	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	39,576	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	543,077	90,344	185,881	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,544,626	46,291	95,243	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	184,104,985	30,769,118	56,858,996	1,279,007	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68,760	93,562	192,502	0	0	190.00
191.00	19100	RESEARCH	347,733	225,509	463,982	0	0	191.00
191.01	19101	RESEARCH-GCRC	26,842	59,804	123,046	2,867	0	191.01
191.02	19102	OSA	462,871	4,941	10,166	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43,580	344,137	708,058	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	987,645	850,981	1,750,883	545	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	18,000	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	644,632	5,276,590	10,856,521	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	29,459	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	40,339	37,997	78,179	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)	186,774,846	37,662,639	71,042,333	1,282,419	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I | Date/Time Prepared: 7/2/2020 10:55 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	3,855,146					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	3,970,074				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	6,207,516			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	1,001,611		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	791,400	9.05
10.00	01000	DIETARY	50,561	5,236	84,434	15,166	0	10.00
11.00	01100	CAFETERIA	0	0	0	23,978	0	11.00
13.00	01300	NURSING ADMINISTRATION	19,962	71,245	172,965	0	6,864	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	41,418	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	63,147	113,932	80,960	34,545	25,327	14.00
15.00	01500	PHARMACY	78,736	48,054	85,385	23,702	12,065	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,884	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	430	11,256	11,180	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	3,367	0	713	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,353	14,861	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,842	12,987	81,808	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	11,000	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	16,309	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	9,377	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	9,169	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	773,183	928,073	1,068,788	137,422	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	171,814	0	0	31.00
32.00	03200	CORONARY CARE UNIT	70,597	35,544	88,507	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	34,996	252,123	34,880	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	62,224	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	105,652	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	189,439	32,594	0	0	34.04
34.05	03404	TRANSPLANT ICU	52,622	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	171,196	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	1,631	63,174	98,306	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	25,903	0	0	0	41.00
43.00	04300	NURSERY	0	0	1,213	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	353,488	237,711	367,078	85,492	53,054	50.00
50.01	05001	ENDOSCOPY	0	0	27,420	0	0	50.01
51.00	05100	RECOVERY ROOM	33,017	106,004	58,379	97,293	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,322	163,502	0	0	52.00
53.00	05300	ANESTHESIOLOGY	931	36,551	6,461	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	15,734	47,660	21,459	1,290	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	304,295	236,942	465,425	53,383	61,114	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	104,385	0	71,263	0	78,299	55.00
56.00	05600	RADIOISOTOPE	29,880	8,906	36,219	3,727	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,879	48,187	0	59.00
60.00	06000	LABORATORY	78,646	56,573	67,892	30,746	28,915	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	18,313	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.	2,573	0	8,054	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14,811	27,017	55,237	2,253	6,258	65.00
66.00	06600	PHYSICAL THERAPY	13,372	7,266	137,156	21,108	25,327	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	12,488	12,876	4,990	0	5,398	67.00
68.00	06800	SPEECH PATHOLOGY	19,508	51,153	27,645	0	5,414	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,363	31,242	0	17,791	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,215	220,295	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	37,875	0	0	73.03
74.00	07400	RENAL DIALYSIS	117,619	19,866	34,626	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	5,213	35,450	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,671	0	0	76.02
76.03	03950	CARDIAC CATH	1,001	13,718	261,865	0	0	76.03
76.04	03951	DAY SURGERY	100,012	0	3,826	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	1,790	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	23,437	23,795	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	77,101	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	434,989	21,888	69,547	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,244	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	54,401	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	46,029	0	8,402	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	232,993	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	892	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	2,610	14,843	14,351	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	52,243	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	31,624	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	17,645	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	8,606	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	47,738	17,651	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1,576	0	33,098	0	0	90.24
91.00	09100	EMERGENCY	25,883	189,122	277,404	55,917	138,643	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	1,060	0	3,273	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	15,714	2,388	17,370	0	0	105.00
106.00	10600	HEART ACQUISITION	708	156	1,139	0	0	106.00
107.00	10700	LIVER ACQUISITION	8,784	1,192	8,677	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,855	173	1,245	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,517	185	1,331	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	391	29	197	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	21,303	2,716	19,763	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,116	0	17,731	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,257,811	3,423,831	4,771,215	672,489	502,615	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,135	36,979	0	0	0	190.00
191.00	19100	RESEARCH	1,717	0	107,589	0	0	191.00
191.01	19101	RESEARCH-GCRC	15,081	0	13,212	0	0	191.01
191.02	19102	OSA	0	2,404	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,529	6,058	6,235	2,423	288,785	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	14,971	7,644	389,484	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	549,902	493,158	901,350	326,699	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 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	18,431	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)	3,855,146	3,970,074	6,207,516	1,001,611	791,400	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	18,579,977					10.00
11.00	01100	CAFETERIA	0	1,459,812				11.00
13.00	01300	NURSING ADMINISTRATION	0	39,917	43,033,703			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	343	0	740,771		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	36,491	0	0	146,550,440	14.00
15.00	01500	PHARMACY	0	54,822	0	0	1,123,026	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	343	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,220	0	0	887	17.00
18.00	01850	PATIENT TRANSPORTATION	0	8,395	0	0	2,744	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	5	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	171	0	0	114	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	1,542	0	75,179	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	3,769	0	283,146	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	857	0	54,855	26	23.09
23.10	02310	PARAMED PHARMACY TECH	0	514	0	32,836	462	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,795,680	303,918	16,365,569	0	6,666,042	30.00
31.00	03100	INTENSIVE CARE UNIT	471,875	32,893	1,983,015	0	1,246,142	31.00
32.00	03200	CORONARY CARE UNIT	439,459	34,607	2,096,981	0	1,591,716	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	190,890	50,025	3,031,506	0	778,656	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	119,932	4,112	227,933	0	103,279	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	71,514	8,052	478,659	0	309,901	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	104,692	22,272	1,367,596	0	593,238	34.04
34.05	03404	TRANSPLANT ICU	36,578	4,454	284,916	0	210,507	34.05
34.06	03407	PEDS CANCER CARE	137,752	4,626	284,916	0	94,958	34.06
40.00	04000	SUBPROVIDER - IPF	599,692	9,423	330,502	0	17,647	40.00
41.00	04100	SUBPROVIDER - IRF	69,755	1,028	56,983	0	12,717	41.00
43.00	04300	NURSERY	0	3,084	170,950	0	54,876	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	91,485	3,134,075	0	14,583,496	50.00
50.01	05001	ENDOSCOPY	0	3,084	159,553	0	408,306	50.01
51.00	05100	RECOVERY ROOM	21,923	20,558	1,173,854	0	332,099	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,562	717,988	0	363,144	52.00
53.00	05300	ANESTHESIOLOGY	0	3,255	148,156	0	1,554,468	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	7,538	102,570	0	128,781	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,042	831,955	104,023	2,918,266	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,909	216,536	0	55,879	55.00
56.00	05600	RADIOISOTOPE	0	2,227	0	0	58,694	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,056	56,983	0	254,075	59.00
60.00	06000	LABORATORY	0	95,768	91,173	80,132	24,579,681	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	2,227	0	0	934,632	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,195	0	0	1,227,276	63.00
65.00	06500	RESPIRATORY THERAPY	0	47,969	0	110,600	1,999,106	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	35,292	11,397	0	289,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,881	0	0	55,788	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,765	68,380	0	78,263	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,681	34,190	0	46,342	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,108	11,397	0	145,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	29,147,605	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	47,725,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	16,104	0	0	8,637	73.03
74.00	07400	RENAL DIALYSIS	0	8,052	387,486	0	855,709	74.00
76.00	03020	RH NBN ECMO IC	0	1,713	102,570	0	119,530	76.00
76.01	03140	CARDIOLOGY	0	2,227	79,776	0	420,146	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,570	113,966	0	32,655	76.02
76.03	03950	CARDIAC CATH	0	8,909	341,899	0	875,177	76.03
76.04	03951	DAY SURGERY	0	10,450	581,229	0	392,658	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	2,741	91,173	0	92	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,028	34,190	0	4,249	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	4,454	239,329	0	43,564	90.01
90.02	09002	IUSCC HEM/ONC	0	33,579	1,173,854	0	585,137	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,371	11,397	0	7,644	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,398	11,397	0	1,344	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	4,626	148,156	0	17,176	90.06
90.07	09007	AMB SVC-RILEY CLINICS	17,527	14,562	558,435	0	137,136	90.07
90.08	09008	MOTILITY LAB	0	171	11,397	0	25,813	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	6,741	9,765	0	0	112,820	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	685	22,793	0	7,192	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	2,912	182,346	0	9,329	90.17
90.18	09016	DERMATOLOGY CLINIC	0	2,056	125,363	0	40,511	90.18
90.19	09017	INFUSION/HEM/ONC	0	1,542	91,173	0	27,579	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	343	22,793	0	589	90.21
90.22	09020	EATING DISORDERS CLINIC	0	2,398	11,397	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	3,769	250,726	0	7,344	90.23
90.24	09021	LIFE CARE CLINIC	0	4,283	56,983	0	5,483	90.24
91.00	09100	EMERGENCY	484,331	57,563	2,655,417	0	1,833,087	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	44,886	455,865	0	299,254	95.00
101.00	10100	HOME HEALTH AGENCY	0	59,276	786,368	0	341,119	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,167	91,173	0	151,841	105.00
106.00	10600	HEART ACQUISITION	0	685	11,397	0	531	106.00
107.00	10700	LIVER ACQUISITION	0	2,570	22,793	0	49,014	107.00
108.00	10800	LUNG ACQUISITION	0	1,028	11,397	0	9,278	108.00
109.00	10900	PANCREAS ACQUISITION	0	343	0	0	5,227	109.00
110.00	11000	INTESTINAL ACQUISITION	0	343	0	0	2,409	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	514	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	8,052	0	0	134,322	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	17,475	581,229	0	117,493	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,568,341	1,427,090	42,703,200	740,771	146,373,732	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,140	0	0	0	190.00
191.00	19100	RESEARCH	0	685	0	0	31,836	191.00
191.01	19101	RESEARCH-GCRC	11,636	3,426	0	0	30,540	191.01
191.02	19102	OSA	0	2,056	45,587	0	18,877	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	20,216	273,519	0	66,205	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	1,202	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	685	0	0	27,479	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	514	11,397	0	569	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)	18,579,977	1,459,812	43,033,703	740,771	146,550,440	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	54,106,177					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,447,539				16.00
17.00	01700	SOCIAL SERVICE	657	0	8,138,774			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	4,297,834		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	51,913,020	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	64	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	199,430	1,943,693	5,716,109	429,629	17,640,202	30.00
31.00	03100	INTENSIVE CARE UNIT	32,332	227,060	449,323	50,189	2,284,296	31.00
32.00	03200	CORONARY CARE UNIT	64,492	209,251	405,826	46,252	95,916	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	34,459	365,655	758,004	80,823	830,653	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,532	19,407	54,893	4,290	23,281	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	8,212	53,389	100,629	11,801	104,297	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	41,064	138,393	252,842	30,590	823,203	34.04
34.05	03404	TRANSPLANT ICU	5,403	26,463	50,638	5,849	100,572	34.05
34.06	03407	PEDS CANCER CARE	7,742	30,162	79,578	6,667	0	34.06
40.00	04000	SUBPROVIDER - IPF	70	26,403	130,290	5,836	204,870	40.00
41.00	04100	SUBPROVIDER - IRF	45	4,581	21,275	1,013	0	41.00
43.00	04300	NURSERY	0	18,408	119,367	4,069	103,366	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	82,406	2,251,879	0	497,749	5,251,180	50.00
50.01	05001	ENDOSCOPY	1,919	71,540	0	15,813	0	50.01
51.00	05100	RECOVERY ROOM	13,239	292,170	0	64,580	203,007	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	119,354	0	26,382	166,689	52.00
53.00	05300	ANESTHESIOLOGY	106,488	174,717	0	38,619	4,270,599	53.00
53.01	05301	PULMONARY FUNCTION TESTING	407	80,563	0	17,808	68,911	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,433	1,244,803	0	275,148	3,885,072	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,397	387,396	0	85,629	11,175	55.00
56.00	05600	RADIOISOTOPE	710	111,816	0	24,716	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	741	104,752	0	23,154	86,604	59.00
60.00	06000	LABORATORY	17,762	1,170,529	0	258,730	1,933,224	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	31,431	0	6,947	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 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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.	449	228,991	0	50,616	0	63.00
65.00	06500	RESPIRATORY THERAPY	29,768	322,264	0	71,232	28,868	65.00
66.00	06600	PHYSICAL THERAPY	1,261	168,658	0	37,280	38,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	47,289	0	10,453	0	67.00
68.00	06800	SPEECH PATHOLOGY	107	53,785	0	11,888	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,979	184,120	0	40,697	480,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	120,603	0	26,658	1,185,450	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	701,634	0	155,087	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,226,949	0	271,202	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,876,416	3,317,132	0	732,410	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	424,542	0	93,840	0	73.03
74.00	07400	RENAL DIALYSIS	9,815	74,423	0	16,450	102,435	74.00
76.00	03020	RH NBN ECMO IC	4,613	8,895	0	1,966	0	76.00
76.01	03140	CARDIOLOGY	5,922	119,128	0	26,332	832,515	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	98	2,059	0	455	0	76.02
76.03	03950	CARDIAC CATH	8,012	354,637	0	78,388	130,372	76.03
76.04	03951	DAY SURGERY	6,064	36,039	0	7,966	77,292	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	25,640	0	5,667	0	76.08
76.97	07697	CARDIAC REHABILITATION	34	8,156	0	1,803	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	162	13,821	0	3,055	196,489	90.01
90.02	09002	IUSCC HEM/ONC	122,801	267,402	0	59,106	195,557	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	10,091	0	2,231	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3	2,179	0	482	111,747	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	92	58,070	0	12,836	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	13,555	36,085	0	7,976	380,871	90.07
90.08	09008	MOTILITY LAB	24	2,542	0	562	1,354,933	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	46,591	0	10,298	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	4,445	11,735	0	2,594	133,165	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	29	4,056	0	896	0	90.17
90.18	09016	DERMATOLOGY CLINIC	104	16,012	0	3,539	49,355	90.18
90.19	09017	INFUSION/HEM/ONC	7,095	28,248	0	6,244	725,425	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	1,115	0	246	76,360	90.21
90.22	09020	EATING DISORDERS CLINIC	0	7,018	0	1,551	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	6,158	0	1,361	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	57,660	1,312,967	0	290,215	4,943,875	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	2,992	468,349	0	103,523	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	432,089	0	95,508	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	59,910	0	13,242	0	105.00
106.00	10600	HEART ACQUISITION	0	6,269	0	1,386	0	106.00
107.00	10700	LIVER ACQUISITION	90,738	38,272	0	8,459	0	107.00
108.00	10800	LUNG ACQUISITION	0	9,295	0	2,055	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,449	0	1,205	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,188	0	263	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	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	165,210	73,869	0	16,328		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,090,452	19,447,539	8,138,774	4,297,834	49,130,518	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	2,242,391	191.00
191.01	19101	RESEARCH-GCRC	862	0	0	0	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	6,940	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	412,533	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	7,854	0	0	0	93,123	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	34,455	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	69	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)	54,106,177	19,447,539	8,138,774	4,297,834	51,913,020	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I | Date/Time Prepared: 7/2/2020 10:55 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	58,131,860					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				0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					0	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	19,753,381	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,557,939	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	107,406	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	930,160	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	26,070	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	116,791	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	921,818	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	112,620	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	229,412	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	115,749	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,880,237	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	227,326	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	186,658	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,782,189	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	77,166	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,350,478	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,513	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	96,979	0	0	0	0	59.00
60.00	06000	LABORATORY	2,164,811	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 01/01/2019 To 12/31/2019 | Worksheet B Part I | Date/Time Prepared: 7/2/2020 10:55 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	32,326	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	42,754	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	538,075	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,327,459	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	114,706	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	932,245	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	145,989	0	0	0	0	76.03
76.04	03951	DAY SURGERY	86,551	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	220,027	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	218,984	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	125,134	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	426,497	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	1,517,245	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	149,118	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	55,267	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	812,326	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	85,508	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	5,536,119	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 EXP	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)	55,016,033	0	0	0	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	2,511,014	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 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	461,952	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	104,278	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	38,583	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)	58,131,860	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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		863,547				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0			23.06
23.07	02307	PARAMED PHARMACY				2,896,616		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	606,498	0	10,676	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	47,674	0	1,731	0	31.00
32.00	03200	CORONARY CARE UNIT	0	43,059	0	3,453	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	80,426	0	1,845	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,824	0	136	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	10,677	0	440	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	26,827	0	2,198	0	34.04
34.05	03404	TRANSPLANT ICU	0	5,373	0	289	0	34.05
34.06	03407	PEDS CANCER CARE	0	8,443	0	414	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	13,824	0	4	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,257	0	2	0	41.00
43.00	04300	NURSERY	0	12,665	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	4,412	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	103	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	709	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,701	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	22	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,128	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	128	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	38	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	40	0	59.00
60.00	06000	LABORATORY	0	0	0	951	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	24	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,594	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	
66.00	06600	PHYSICAL THERAPY	0	0	0	67	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	106	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	2,830,816	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	525	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	247	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	317	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	5	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	429	0	76.03
76.04	03951	DAY SURGERY	0	0	0	325	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	9	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	6,574	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	5	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	726	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	1	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	238	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	380	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	3,087	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	160	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	4,858	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 EXP	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	8,845	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	863,547	0	2,895,774	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	46	0	191.01
191.02	19102	OSA	0	0	0	372	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	420	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 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	4	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	863,547	0	2,896,616	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	594,985					23.09
23.10	02310	PARAMED PHARMACY TECH		403,682				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	309,338,771	-37,393,583	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	33,687,983	-4,842,235	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	31,407,499	-203,322	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	42,359,322	-1,760,813	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,308,311	-49,351	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	7,761,230	-221,088	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	21,748,851	-1,745,021	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	4,281,936	-213,192	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	5,498,583	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	8,676,204	-434,282	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,109,777	0	41.00
43.00	04300	NURSERY	0	0	0	2,763,907	-219,115	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	594,985	0	0	138,118,095	-11,131,417	50.00
50.01	05001	ENDOSCOPY	0	0	0	3,781,096	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	20,031,417	-430,333	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,366,388	-353,347	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,853,230	-9,052,788	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	7,144,207	-146,077	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	97,144,690	-8,235,550	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16,429,123	-23,688	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,280,884	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,618,449	-183,583	59.00
60.00	06000	LABORATORY	0	0	0	102,980,369	-4,098,035	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	3,268,824	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 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	15,282,999	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	37,438,069	-61,194	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,314,151	-80,934	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,359,343	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,652,962	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,654,506	-1,018,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,593,322	-2,512,909	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	88,258,179	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	145,248,982	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	403,682	0	335,036,761	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	189,840,098	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	9,768,136	-217,141	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	1,923,389	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	5,613,814	-1,764,760	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,714,737	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	14,641,637	-276,361	76.03
76.04	03951	DAY SURGERY	0	0	0	9,116,817	-163,843	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	2,514,649	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,416,179	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	3,743,038	-416,516	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	34,614,312	-414,541	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	1,071,471	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	2,329,709	-236,881	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	4,399,862	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	5,197,187	-807,368	90.07
90.08	09008	MOTILITY LAB	0	0	0	3,168,146	-2,872,178	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	658	0	90.10
90.11	09023	SLEEP LAB	0	0	0	5,852,601	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	921,955	-282,283	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	1,845,728	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	1,733,639	-104,622	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	2,903,751	-1,537,751	90.19
90.20	09025	IUMG - MH	0	0	0	181,953	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	426,830	-161,868	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,001,251	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,610,309	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	2,596,926	0	90.24
91.00	09100	EMERGENCY	0	0	0	71,249,114	-10,479,994	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	46,684,201	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	83,482,923	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	17,172,713	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,360,040	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	12,714,286	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	3,535,539	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,922,046	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	613,615	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	473,319	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	6,950,337	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	19,594,963	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	594,985	403,682	0	2,168,700,298	-104,146,551	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,157,767	0	190.00
191.00	19100	RESEARCH	0	0	0	9,738,969	-4,753,405	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	581,187	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	5,621,110	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,758,349	-874,485	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	15,379,189	-197,401	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	216,247	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	26,105,428	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	73,038	-73,038	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	380,174	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	629,006	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)	594,985	403,682	0	2,231,340,762	-110,044,880	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I | Date/Time Prepared: 7/2/2020 10:55 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	271,945,188		30.00
31.00	03100	INTENSIVE CARE UNIT	28,845,748		31.00
32.00	03200	CORONARY CARE UNIT	31,204,177		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	40,598,509		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,258,960		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
34.02	03401	UH SURG 6IC	7,540,142		34.02
34.03	03402	UH NS 3IC	0		34.03
34.04	03403	RH PED IC	20,003,830		34.04
34.05	03404	TRANSPLANT ICU	4,068,744		34.05
34.06	03407	PEDS CANCER CARE	5,498,583		34.06
40.00	04000	SUBPROVIDER - IPF	8,241,922		40.00
41.00	04100	SUBPROVIDER - IRF	1,109,777		41.00
43.00	04300	NURSERY	2,544,792		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	126,986,678		50.00
50.01	05001	ENDOSCOPY	3,781,096		50.01
51.00	05100	RECOVERY ROOM	19,601,084		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,013,041		52.00
53.00	05300	ANESTHESIOLOGY	8,800,442		53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,998,130		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,909,140		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,405,435		55.00
56.00	05600	RADIOISOTOPE	4,280,884		56.00
59.00	05900	CARDIAC CATHETERIZATION	3,434,866		59.00
60.00	06000	LABORATORY	98,882,334		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,268,824		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,282,999		63.00
65.00	06500	RESPIRATORY THERAPY	37,376,875		65.00
66.00	06600	PHYSICAL THERAPY	30,233,217		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,359,343		67.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 am

		Cost Center Description	Total		
			26.00		
68.00	06800	SPEECH PATHOLOGY	8,652,962		68.00
69.00	06900	ELECTROCARDIOLOGY	6,635,919		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,080,413		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,258,179		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	145,248,982		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	335,036,761		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	189,840,098		73.03
74.00	07400	RENAL DIALYSIS	9,550,995		74.00
76.00	03020	RH NBN ECMO IC	1,923,389		76.00
76.01	03140	CARDIOLOGY	3,849,054		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,714,737		76.02
76.03	03950	CARDIAC CATH	14,365,276		76.03
76.04	03951	DAY SURGERY	8,952,974		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	2,514,649		76.08
76.97	07697	CARDIAC REHABILITATION	1,416,179		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	3,326,522		90.01
90.02	09002	IUSCC HEM/ONC	34,199,771		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,071,471		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,092,828		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	4,399,862		90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,389,819		90.07
90.08	09008	MOTILITY LAB	295,968		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	658		90.10
90.11	09023	SLEEP LAB	5,852,601		90.11
90.12	09024	OP CARE ADULTS	0		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	INFUSION CLINIC	639,672		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDICS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	1,845,728		90.17
90.18	09016	DERMATOLOGY CLINIC	1,629,017		90.18
90.19	09017	INFUSION/HEM/ONC	1,366,000		90.19
90.20	09025	IUMG - MH	181,953		90.20
90.21	09019	OP REHAB CLINIC	264,962		90.21
90.22	09020	EATING DISORDERS CLINIC	2,001,251		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,610,309		90.23
90.24	09021	LIFE CARE CLINIC	2,596,926		90.24
91.00	09100	EMERGENCY	60,769,120		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	46,684,201		95.00
101.00	10100	HOME HEALTH AGENCY	83,482,923		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	17,172,713		105.00
106.00	10600	HEART ACQUISITION	2,360,040		106.00
107.00	10700	LIVER ACQUISITION	12,714,286		107.00
108.00	10800	LUNG ACQUISITION	3,535,539		108.00
109.00	10900	PANCREAS ACQUISITION	1,922,046		109.00
110.00	11000	INTESTINAL ACQUISITION	613,615		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	473,319		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,950,337		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	19,594,963		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,064,553,747		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,157,767		190.00
191.00	19100	RESEARCH	4,985,564		191.00
191.01	19101	RESEARCH-GCRC	581,187		191.01
191.02	19102	OSA	5,621,110		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,883,864		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	15,181,788		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	216,247		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	26,105,428		192.03
192.04	19204	MHH RADIOLOGY	0		192.04
192.06	19206	BELTWAY SURGERY	0		192.06
192.07	19207	RHI	380,174		192.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part I Date/Time Prepared: 7/2/2020 10:55 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	629,006		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)	2,121,295,882		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	22,420	2,821	25,241	25,241	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	1,687	1,687	0	5.01
5.02	00550	DATA PROCESSING	0	36,098	12,150	48,248	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	25,537	5,456	30,993	0	5.03
5.04	00570	ADMITTING	0	35,274	6,535	41,809	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,609,302	2,079,157	4,688,459	575	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	652,645	682,957	1,335,602	187	6.00
7.00	00700	OPERATION OF PLANT	0	4,191,166	618,078	4,809,244	230	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	351,052	0	351,052	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	18,252	6,402	24,654	17	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	17,733	326	18,059	15	9.05
10.00	01000	DIETARY	0	433,413	404,880	838,293	318	10.00
11.00	01100	CAFETERIA	0	63,589	0	63,589	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	739,784	887,032	1,626,816	797	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	114,190	5,579	119,769	6	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	845,243	1,402,703	2,247,946	342	14.00
15.00	01500	PHARMACY	0	683,829	994,454	1,678,283	1,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,216	0	11,216	4	16.00
17.00	01700	SOCIAL SERVICE	0	62,991	0	62,991	205	17.00
18.00	01850	PATIENT TRANSPORTATION	0	11,690	32,992	44,682	74	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	44,750	0	44,750	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	318,828	0	318,828	2	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	30,326	0	30,326	17	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	44,964	0	44,964	61	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	25,854	0	25,854	12	23.09
23.10	02310	PARAMED PHARMACY TECH	0	25,278	0	25,278	7	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	8,094,657	4,015,072	12,109,729	4,674	30.00
31.00	03100	INTENSIVE CARE UNIT	0	473,691	292,966	766,657	529	31.00
32.00	03200	CORONARY CARE UNIT	0	545,582	624,719	1,170,301	562	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	890,151	1,118,758	2,008,909	719	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	171,014	151,405	322,419	69	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	305,116	126,825	431,941	124	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	610,504	586,230	1,196,734	344	34.04
34.05	03404	TRANSPLANT ICU	0	151,971	64,549	216,520	69	34.05
34.06	03407	PEDS CANCER CARE	0	470,505	144,612	615,117	68	34.06
40.00	04000	SUBPROVIDER - IPF	0	449,350	41,234	490,584	134	40.00
41.00	04100	SUBPROVIDER - IRF	0	71,191	25,140	96,331	16	41.00
43.00	04300	NURSERY	0	3,343	3,312	6,655	51	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,986,072	20,361,878	23,347,950	1,500	50.00
50.01	05001	ENDOSCOPY	0	75,596	218,490	294,086	54	50.01
51.00	05100	RECOVERY ROOM	0	805,655	565,645	1,371,300	327	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	506,626	725,985	1,232,611	262	52.00
53.00	05300	ANESTHESIOLOGY	0	120,955	780,436	901,391	45	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	238,986	358,759	597,745	125	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,038,988	14,901,630	17,940,618	1,197	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	605,896	3,813,985	4,419,881	168	55.00
56.00	05600	RADIOISOTOPE	0	220,507	954,732	1,175,239	43	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	141,241	192,784	334,025	37	59.00
60.00	06000	LABORATORY	0	2,455,581	5,188,025	7,643,606	1,915	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	50,488	69,936	120,424	38	60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	86,653	98,398	185,051	119	63.00
65.00	06500	RESPIRATORY THERAPY	0	283,916	1,120,974	1,404,890	801	65.00
66.00	06600	PHYSICAL THERAPY	0	527,612	267,976	795,588	645	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	92,640	634	93,274	146	67.00
68.00	06800	SPEECH PATHOLOGY	0	280,607	248,890	529,497	178	68.00
69.00	06900	ELECTROCARDIOLOGY	0	125,394	776,255	901,649	110	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	654,666	727,777	1,382,443	185	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	128,794	82,080	210,874	316	73.03
74.00	07400	RENAL DIALYSIS	0	489,740	321,274	811,014	140	74.00
76.00	03020	RH NBN ECMO IC	0	0	59,108	59,108	41	76.00
76.01	03140	CARDIOLOGY	0	112,484	701,634	814,118	39	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	10,120	30,534	40,654	37	76.02
76.03	03950	CARDIAC CATH	0	762,554	1,623,529	2,386,083	178	76.03
76.04	03951	DAY SURGERY	0	299,390	49,145	348,535	153	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	4,936	97,809	102,745	55	76.08
76.97	07697	CARDIAC REHABILITATION	0	94,966	49,939	144,905	18	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	222,665	77,155	299,820	68	90.01
90.02	09002	IUSCC HEM/ONC	0	1,508,109	792,823	2,300,932	566	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,592	348,676	352,268	17	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	149,983	235	150,218	36	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	156,093	240,365	396,458	84	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	640,345	62,628	702,973	217	90.07
90.08	09008	MOTILITY LAB	0	2,451	58,852	61,303	6	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	66,345	191,174	257,519	148	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	7,253	7,253	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	0	150,875	3,448	154,323	34	90.17
90.18	09016	DERMATOLOGY CLINIC	0	91,329	25,928	117,257	30	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	4,863	4,863	21	90.19
90.20	09025	IUMG - MH	0	48,646	0	48,646	0	90.20
90.21	09019	OP REHAB CLINIC	0	23,651	3,664	27,315	3	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	10,413	10,413	40	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	186,375	17,722	204,097	50	90.23
90.24	09021	LIFE CARE CLINIC	0	95,813	0	95,813	54	90.24
91.00	09100	EMERGENCY	0	1,698,798	726,631	2,425,429	872	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	6,229,614	6,229,614	602	95.00
101.00	10100	HOME HEALTH AGENCY	0	265,404	119,355	384,759	956	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	106,193	124,744	230,937	125	105.00
106.00	10600	HEART ACQUISITION	0	6,969	8,188	15,157	17	106.00
107.00	10700	LIVER ACQUISITION	0	53,051	62,320	115,371	47	107.00
108.00	10800	LUNG ACQUISITION	0	7,624	8,957	16,581	21	108.00
109.00	10900	PANCREAS ACQUISITION	0	8,132	9,559	17,691	6	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,209	1,422	2,631	6	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	12	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	120,820	141,925	262,745	151	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	61,907	46,062	107,969	272	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	44,529,941	78,050,248	122,580,189	24,764	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	125,123	24,962	150,085	6	190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	301,581	71,741	373,322	92	191.00
191.01	19101	RESEARCH-GCRC	0	79,978	37,685	117,663	28	191.01
191.02	19102	OSA	0	6,607	5,723	12,330	99	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	460,227	1,636	461,863	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,138,048	383,819	1,521,867	235	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	9,470	9,470	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	7,056,576	0	7,056,576	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	20,652	20,652	8	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	50,815	10,008	60,823	9	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	53,748,896	78,615,944	132,364,840	25,241	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	1,687					5.01
5.02	00550	DATA PROCESSING	0	48,248				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	30,993			5.03
5.04	00570	ADMITTING	0	0	0	41,809		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	25	715	14	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	12	336	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	20	565	4	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	2	69	1	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	2	64	1	0	0	9.05
10.00	01000	DIETARY	37	1,056	3	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	43	1,243	4	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	11	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	40	1,136	291	0	0	14.00
15.00	01500	PHARMACY	60	1,707	235	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	15	443	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	9	261	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	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	2	48	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	4	117	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	27	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	1	16	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	329	9,463	1,396	5,149	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36	1,024	261	991	0	31.00
32.00	03200	CORONARY CARE UNIT	38	1,077	333	913	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	54	1,557	163	1,595	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4	128	22	85	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	9	251	65	233	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	24	693	124	604	0	34.04
34.05	03404	TRANSPLANT ICU	5	139	44	115	0	34.05
34.06	03407	PEDS CANCER CARE	5	144	20	132	0	34.06
40.00	04000	SUBPROVIDER - IPF	10	293	4	115	0	40.00
41.00	04100	SUBPROVIDER - IRF	1	32	3	20	0	41.00
43.00	04300	NURSERY	3	96	11	80	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	100	2,848	3,053	6,282	0	50.00
50.01	05001	ENDOSCOPY	3	96	85	210	0	50.01
51.00	05100	RECOVERY ROOM	22	640	70	465	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16	453	76	449	0	52.00
53.00	05300	ANESTHESIOLOGY	4	101	325	512	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	8	235	27	43	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	75	2,149	611	2,293	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10	277	12	104	0	55.00
56.00	05600	RADIOISOTOPE	2	69	12	62	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2	64	53	129	0	59.00
60.00	06000	LABORATORY	104	2,981	5,146	2,581	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2	69	196	18	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8	224	257	882	0	63.00
65.00	06500	RESPIRATORY THERAPY	52	1,493	419	1,365	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	
66.00	06600	PHYSICAL THERAPY	38	1,099	61	479	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9	245	12	167	0	67.00
68.00	06800	SPEECH PATHOLOGY	11	304	16	89	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7	208	10	431	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11	315	30	369	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	6,103	1,810	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,981	4,004	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,796	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	18	501	2	0	0	73.03
74.00	07400	RENAL DIALYSIS	9	251	179	199	0	74.00
76.00	03020	RH NBN ECMO IC	2	53	25	39	0	76.00
76.01	03140	CARDIOLOGY	2	69	88	161	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3	80	7	2	0	76.02
76.03	03950	CARDIAC CATH	10	277	183	557	0	76.03
76.04	03951	DAY SURGERY	11	325	82	5	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	3	85	0	112	0	76.08
76.97	07697	CARDIAC REHABILITATION	1	32	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	139	9	1	0	90.01
90.02	09002	IUSCC HEM/ONC	37	1,045	123	9	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1	43	2	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3	75	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	5	144	4	122	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	16	453	29	4	0	90.07
90.08	09008	MOTILITY LAB	0	5	5	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	304	24	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	21	2	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	91	2	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	2	64	8	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	2	48	6	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	11	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	3	75	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4	117	2	0	0	90.23
90.24	09021	LIFE CARE CLINIC	5	133	1	0	0	90.24
91.00	09100	EMERGENCY	63	1,792	384	1,499	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	49	1,397	63	2	0	95.00
101.00	10100	HOME HEALTH AGENCY	65	1,845	71	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7	192	32	261	0	105.00
106.00	10600	HEART ACQUISITION	1	21	0	27	0	106.00
107.00	10700	LIVER ACQUISITION	3	80	10	167	0	107.00
108.00	10800	LUNG ACQUISITION	1	32	2	41	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	11	1	24	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	11	1	5	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	1	16	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9	251	28	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19	544	25	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,650	47,230	30,956	41,809	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	160	0	0	0	190.00
191.00	19100	RESEARCH	1	21	7	0	0	191.00
191.01	19101	RESEARCH-GCRC	4	107	6	0	0	191.01
191.02	19102	OSA	2	64	4	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	22	629	14	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	
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	21	6	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	1	16	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)	1,687	48,248	30,993	41,809	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	4,689,788					5.06
6.00	00600	MAINTENANCE & REPAIRS	79,166	1,415,303				6.00
7.00	00700	OPERATION OF PLANT	142,742	117,769	5,070,574			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,009	9,864	38,549	400,474		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	8,103	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	8,345	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	13,048	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	2,018	513	2,004	1	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,578	498	1,947	0	0	9.05
10.00	01000	DIETARY	36,645	12,179	47,593	0	0	10.00
11.00	01100	CAFETERIA	2,713	1,787	6,983	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	86,247	20,787	81,235	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	921	3,209	12,539	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	303,232	23,751	92,815	1,109	0	14.00
15.00	01500	PHARMACY	107,447	19,215	75,090	1	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,816	315	1,232	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,724	1,770	6,917	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	8,946	328	1,284	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	108,871	1,257	4,914	40	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	120,421	8,959	35,010	265	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	1,485	852	3,330	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	5,235	1,263	4,937	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	990	726	2,839	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	637	710	2,776	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	424,332	227,460	888,862	194,078	0	30.00
31.00	03100	INTENSIVE CARE UNIT	48,345	13,310	52,015	15,228	0	31.00
32.00	03200	CORONARY CARE UNIT	52,085	15,331	59,910	15,028	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	69,023	25,013	97,746	10,030	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	6,841	4,805	18,779	2,827	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	11,931	8,574	33,504	2,353	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	33,171	17,155	67,039	7,918	0	34.04
34.05	03404	TRANSPLANT ICU	6,370	4,270	16,688	2,371	0	34.05
34.06	03407	PEDS CANCER CARE	7,539	13,221	51,666	3,033	0	34.06
40.00	04000	SUBPROVIDER - IPF	12,425	12,626	49,343	2,032	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,576	2,000	7,817	488	0	41.00
43.00	04300	NURSERY	4,500	94	367	3,591	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	205,389	83,907	327,896	34,485	0	50.00
50.01	05001	ENDOSCOPY	6,131	2,124	8,301	1,102	0	50.01
51.00	05100	RECOVERY ROOM	32,647	22,638	88,468	4,349	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,854	14,236	55,632	10,228	0	52.00
53.00	05300	ANESTHESIOLOGY	13,555	3,399	13,282	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	12,662	6,715	26,243	1,300	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,178	85,394	333,707	25,988	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	29,425	17,025	66,533	3,264	0	55.00
56.00	05600	RADIOISOTOPE	7,350	6,196	24,214	915	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,501	3,969	15,509	6	0	59.00
60.00	06000	LABORATORY	140,219	69,000	269,644	804	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,540	1,419	5,544	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.	28,502	2,435	9,515	5	0	63.00
65.00	06500	RESPIRATORY THERAPY	71,550	7,978	31,176	36	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	59,424	14,826	57,936	2,836	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,592	2,603	10,173	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,155	7,885	30,813	28	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,556	3,524	13,769	2,227	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,086	18,396	71,888	344	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	122,448	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	201,843	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	577,338	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	397,200	3,619	14,143	0	0	73.03
74.00	07400	RENAL DIALYSIS	14,506	13,761	53,778	1,705	0	74.00
76.00	03020	RH NBN ECMO IC	3,539	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	6,090	3,161	12,352	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,225	284	1,111	524	0	76.02
76.03	03950	CARDIAC CATH	22,406	21,427	83,735	5,730	0	76.03
76.04	03951	DAY SURGERY	14,963	8,413	32,876	3,591	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	4,995	139	542	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,317	2,668	10,428	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	5,113	6,257	24,451	1,160	0	90.01
90.02	09002	IUSCC HEM/ONC	58,798	42,377	165,603	1,355	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2,164	101	394	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,527	4,214	16,469	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	7,875	4,386	17,140	332	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,999	17,993	70,315	1,387	0	90.07
90.08	09008	MOTILITY LAB	523	69	269	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0	0	0	90.10
90.11	09023	SLEEP LAB	11,525	1,864	7,285	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	1,240	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	2,622	4,240	16,567	428	0	90.17
90.18	09016	DERMATOLOGY CLINIC	2,521	2,566	10,029	550	0	90.18
90.19	09017	INFUSION/HEM/ONC	2,530	0	0	0	0	90.19
90.20	09025	IUMG - MH	112	1,367	5,342	0	0	90.20
90.21	09019	OP REHAB CLINIC	370	665	2,597	360	0	90.21
90.22	09020	EATING DISORDERS CLINIC	4,160	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,887	5,237	20,466	149	0	90.23
90.24	09021	LIFE CARE CLINIC	4,785	2,692	10,521	0	0	90.24
91.00	09100	EMERGENCY	103,829	47,735	186,543	33,819	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	95,239	0	0	9	0	95.00
101.00	10100	HOME HEALTH AGENCY	170,591	7,458	29,144	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	34,834	2,984	11,661	0	0	105.00
106.00	10600	HEART ACQUISITION	4,880	196	765	0	0	106.00
107.00	10700	LIVER ACQUISITION	25,976	1,491	5,826	0	0	107.00
108.00	10800	LUNG ACQUISITION	7,317	214	837	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,969	229	893	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1,274	34	133	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	994	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	13,638	3,395	13,267	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	38,788	1,740	6,798	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,622,744	1,156,256	4,058,253	399,409	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,727	3,516	13,740	0	0	190.00
191.00	19100	RESEARCH	8,732	8,474	33,116	0	0	191.00
191.01	19101	RESEARCH-GCRC	674	2,247	8,782	895	0	191.01
191.02	19102	OSA	11,623	186	726	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,094	12,932	50,537	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	24,801	31,978	124,967	170	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	452	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	16,188	198,286	774,873	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	740	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	1,013	1,428	5,580	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,689,788	1,415,303	5,070,574	400,474	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	8,103					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	8,345				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	13,048			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	29,279		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	22,164	9.05
10.00	01000	DIETARY	106	11	177	443	0	10.00
11.00	01100	CAFETERIA	0	0	0	701	0	11.00
13.00	01300	NURSING ADMINISTRATION	42	150	364	0	192	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	87	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	133	239	170	1,010	709	14.00
15.00	01500	PHARMACY	165	101	179	693	338	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1	24	23	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	7	0	1	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3	31	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37	27	172	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	23	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	34	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	19	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	1,630	1,948	2,246	4,017	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	361	0	0	31.00
32.00	03200	CORONARY CARE UNIT	148	75	186	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	74	530	73	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	131	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	222	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	398	69	0	0	34.04
34.05	03404	TRANSPLANT ICU	111	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	360	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	3	133	207	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	54	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	743	500	772	2,499	1,486	50.00
50.01	05001	ENDOSCOPY	0	0	58	0	0	50.01
51.00	05100	RECOVERY ROOM	69	223	123	2,844	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43	344	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	77	14	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	33	100	45	38	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	640	498	978	1,560	1,712	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	219	0	150	0	2,193	55.00
56.00	05600	RADIOISOTOPE	63	19	76	109	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	10	1,409	0	59.00
60.00	06000	LABORATORY	165	119	143	899	810	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	38	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5	0	17	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	31	57	116	66	175	65.00
66.00	06600	PHYSICAL THERAPY	28	15	288	617	709	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	26	27	10	0	151	67.00
68.00	06800	SPEECH PATHOLOGY	41	108	58	0	152	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11	66	0	498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36	463	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	80	0	0	73.03
74.00	07400	RENAL DIALYSIS	247	42	73	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	11	75	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	550	0	0	76.03
76.04	03951	DAY SURGERY	210	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	0	685	666	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	162	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	914	46	146	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	114	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	97	0	18	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	490	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	5	434	402	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	110	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	66	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	37	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	18	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	100	37	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	3	0	70	0	0	90.24
91.00	09100	EMERGENCY	54	398	583	1,635	3,883	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	33	5	37	0	0	105.00
106.00	10600	HEART ACQUISITION	1	0	2	0	0	106.00
107.00	10700	LIVER ACQUISITION	18	3	18	0	0	107.00
108.00	10800	LUNG ACQUISITION	6	0	3	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3	0	3	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	45	6	42	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4	0	37	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,847	7,196	10,028	19,659	14,076	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17	78	0	0	0	190.00
191.00	19100	RESEARCH	4	0	226	0	0	191.00
191.01	19101	RESEARCH-GCRC	32	0	28	0	0	191.01
191.02	19102	OSA	0	5	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16	13	13	71	8,088	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	31	16	819	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,156	1,037	1,895	9,549	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	39	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)	8,103	8,345	13,048	29,279	22,164	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	936,861					10.00
11.00	01100	CAFETERIA	0	75,773				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,072	1,819,992			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	18	0	136,560		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,894	0	0	2,674,817	14.00
15.00	01500	PHARMACY	0	2,846	0	0	20,498	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	738	0	0	16	17.00
18.00	01850	PATIENT TRANSPORTATION	0	436	0	0	50	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	9	0	0	2	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	80	0	13,859	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	196	0	52,199	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	44	0	10,112	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	27	0	6,053	8	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	796,469	15,773	692,133	0	121,672	30.00
31.00	03100	INTENSIVE CARE UNIT	23,793	1,707	83,866	0	22,745	31.00
32.00	03200	CORONARY CARE UNIT	22,159	1,796	88,686	0	29,053	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	9,625	2,597	128,209	0	14,212	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	6,047	213	9,640	0	1,885	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,606	418	20,244	0	5,656	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	5,279	1,156	57,839	0	10,828	34.04
34.05	03404	TRANSPLANT ICU	1,844	231	12,050	0	3,842	34.05
34.06	03407	PEDS CANCER CARE	6,946	240	12,050	0	1,733	34.06
40.00	04000	SUBPROVIDER - IPF	30,238	489	13,978	0	322	40.00
41.00	04100	SUBPROVIDER - IRF	3,517	53	2,410	0	232	41.00
43.00	04300	NURSERY	0	160	7,230	0	1,002	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,749	132,547	0	266,186	50.00
50.01	05001	ENDOSCOPY	0	160	6,748	0	7,453	50.01
51.00	05100	RECOVERY ROOM	1,105	1,067	49,645	0	6,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	756	30,365	0	6,628	52.00
53.00	05300	ANESTHESIOLOGY	0	169	6,266	0	28,373	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	391	4,338	0	2,351	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,584	35,185	19,176	53,266	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	462	9,158	0	1,020	55.00
56.00	05600	RADIOISOTOPE	0	116	0	0	1,071	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	107	2,410	0	4,638	59.00
60.00	06000	LABORATORY	0	4,971	3,856	14,772	448,643	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	116	0	0	17,059	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	373	0	0	22,401	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,490	0	20,389	36,489	65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	1,832	482	0	5,276	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	409	0	0	1,018	67.00
68.00	06800	SPEECH PATHOLOGY	0	507	2,892	0	1,428	68.00
69.00	06900	ELECTROCARDIOLOGY	0	347	1,446	0	846	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	525	482	0	2,647	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	532,019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	871,014	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	836	0	0	158	73.03
74.00	07400	RENAL DIALYSIS	0	418	16,388	0	15,619	74.00
76.00	03020	RH NBN ECMO IC	0	89	4,338	0	2,182	76.00
76.01	03140	CARDIOLOGY	0	116	3,374	0	7,669	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	133	4,820	0	596	76.02
76.03	03950	CARDIAC CATH	0	462	14,460	0	15,974	76.03
76.04	03951	DAY SURGERY	0	542	24,581	0	7,167	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	142	3,856	0	2	76.08
76.97	07697	CARDIAC REHABILITATION	0	53	1,446	0	78	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	231	10,122	0	795	90.01
90.02	09002	IUSCC HEM/ONC	0	1,743	49,645	0	10,680	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	71	482	0	140	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	124	482	0	25	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	240	6,266	0	314	90.06
90.07	09007	AMB SVC-RILEY CLINICS	884	756	23,617	0	2,503	90.07
90.08	09008	MOTILITY LAB	0	9	482	0	471	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	340	507	0	0	2,059	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	36	964	0	131	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	7,712	0	170	90.17
90.18	09016	DERMATOLOGY CLINIC	0	107	5,302	0	739	90.18
90.19	09017	INFUSION/HEM/ONC	0	80	3,856	0	503	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	18	964	0	11	90.21
90.22	09020	EATING DISORDERS CLINIC	0	124	482	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	196	10,604	0	134	90.23
90.24	09021	LIFE CARE CLINIC	0	222	2,410	0	100	90.24
91.00	09100	EMERGENCY	24,422	2,988	112,304	0	33,459	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	2,330	19,280	0	5,462	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,077	33,257	0	6,226	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	320	3,856	0	2,771	105.00
106.00	10600	HEART ACQUISITION	0	36	482	0	10	106.00
107.00	10700	LIVER ACQUISITION	0	133	964	0	895	107.00
108.00	10800	LUNG ACQUISITION	0	53	482	0	169	108.00
109.00	10900	PANCREAS ACQUISITION	0	18	0	0	95	109.00
110.00	11000	INTESTINAL ACQUISITION	0	18	0	0	44	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	27	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	418	0	0	2,452	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	907	24,581	0	2,145	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	936,274	74,073	1,806,014	136,560	2,671,592	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	267	0	0	0	190.00
191.00	19100	RESEARCH	0	36	0	0	581	191.00
191.01	19101	RESEARCH-GCRC	587	178	0	0	557	191.01
191.02	19102	OSA	0	107	1,928	0	345	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,049	11,568	0	1,208	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	22	192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	36	0	0	502	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	27	482	0	10	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)	936,861	75,773	1,819,992	136,560	2,674,817	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	1,908,050					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53,620				16.00
17.00	01700	SOCIAL SERVICE	23	0	89,890			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	56,079		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	159,866	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	2	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	7,033	5,653	63,133	5,653		30.00
31.00	03100	INTENSIVE CARE UNIT	1,140	660	4,963	660		31.00
32.00	03200	CORONARY CARE UNIT	2,274	609	4,482	609		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,215	1,063	8,372	1,063		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	89	56	606	56		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.02	03401	UH SURG 6IC	290	155	1,111	155		34.02
34.03	03402	UH NS 3IC	0	0	0	0		34.03
34.04	03403	RH PED IC	1,448	403	2,793	403		34.04
34.05	03404	TRANSPLANT ICU	191	77	559	77		34.05
34.06	03407	PEDS CANCER CARE	273	88	879	88		34.06
40.00	04000	SUBPROVIDER - IPF	2	77	1,439	77		40.00
41.00	04100	SUBPROVIDER - IRF	2	13	235	13		41.00
43.00	04300	NURSERY	0	54	1,318	54		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,906	6,549	0	6,549		50.00
50.01	05001	ENDOSCOPY	68	208	0	208		50.01
51.00	05100	RECOVERY ROOM	467	850	0	850		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	347	0	347		52.00
53.00	05300	ANESTHESIOLOGY	3,755	508	0	508		53.00
53.01	05301	PULMONARY FUNCTION TESTING	14	234	0	234		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,061	3,620	0	3,620		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	85	1,127	0	1,127		55.00
56.00	05600	RADIOISOTOPE	25	325	0	325		56.00
59.00	05900	CARDIAC CATHETERIZATION	26	305	0	305		59.00
60.00	06000	LABORATORY	626	3,404	0	3,404		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	91	0	91		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 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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.	16	666	0	666		63.00
65.00	06500	RESPIRATORY THERAPY	1,050	937	0	937		65.00
66.00	06600	PHYSICAL THERAPY	44	491	0	491		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	138	0	138		67.00
68.00	06800	SPEECH PATHOLOGY	4	156	0	156		68.00
69.00	06900	ELECTROCARDIOLOGY	70	535	0	535		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	351	0	351		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,041	0	2,041		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,568	0	3,568		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,864,682	6,709	0	9,168		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,235	0	1,235		73.03
74.00	07400	RENAL DIALYSIS	346	216	0	216		74.00
76.00	03020	RH NBN ECMO IC	163	26	0	26		76.00
76.01	03140	CARDIOLOGY	209	346	0	346		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3	6	0	6		76.02
76.03	03950	CARDIAC CATH	283	1,031	0	1,031		76.03
76.04	03951	DAY SURGERY	214	105	0	105		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	75	0	75		76.08
76.97	07697	CARDIAC REHABILITATION	1	24	0	24		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	6	40	0	40		90.01
90.02	09002	IUSCC HEM/ONC	4,331	778	0	778		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	29	0	29		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	6	0	6		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	3	169	0	169		90.06
90.07	09007	AMB SVC-RILEY CLINICS	478	105	0	105		90.07
90.08	09008	MOTILITY LAB	1	7	0	7		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	136	0	136		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	157	34	0	34		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	1	12	0	12		90.17
90.18	09016	DERMATOLOGY CLINIC	4	47	0	47		90.18
90.19	09017	INFUSION/HEM/ONC	250	82	0	82		90.19
90.20	09025	IUMG - MH	0	0	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	3	0	3		90.21
90.22	09020	EATING DISORDERS CLINIC	0	20	0	20		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	18	0	18		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0		90.24
91.00	09100	EMERGENCY	2,033	3,819	0	3,819		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	106	1,362	0	1,362		95.00
101.00	10100	HOME HEALTH AGENCY	0	1,257	0	1,257		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	174	0	174		105.00
106.00	10600	HEART ACQUISITION	0	18	0	18		106.00
107.00	10700	LIVER ACQUISITION	3,200	111	0	111		107.00
108.00	10800	LUNG ACQUISITION	0	27	0	27		108.00
109.00	10900	PANCREAS ACQUISITION	0	16	0	16		109.00
110.00	11000	INTESTINAL ACQUISITION	0	3	0	3		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	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	5,826	215	0	215		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,907,496	53,620	89,890	56,079	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	30	0	0	0		191.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	245	0	0	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	277	0	0	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0		192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0		192.06
192.07	19207	RHI	2	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					159,866	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,908,050	53,620	89,890	56,079	159,866	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	483,737					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				0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					0	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

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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	
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 EXP						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	483,737	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)	483,737	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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		50,022				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0			23.06
23.07	02307	PARAMED PHARMACY				109,010		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 EXP						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 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	50,022	0	109,010	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	50,022	0	109,010	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	40,625					23.09
23.10	02310	PARAMED PHARMACY TECH		35,534				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				15,582,832	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,038,291	0	31.00
32.00	03200	CORONARY CARE UNIT				1,465,655	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT				2,381,842	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT				374,702	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
34.02	03401	UH SURG 6IC				520,842	0	34.02
34.03	03402	UH NS 3IC				0	0	34.03
34.04	03403	RH PED IC				1,404,422	0	34.04
34.05	03404	TRANSPLANT ICU				265,573	0	34.05
34.06	03407	PEDS CANCER CARE				713,602	0	34.06
40.00	04000	SUBPROVIDER - IPF				614,531	0	40.00
41.00	04100	SUBPROVIDER - IRF				114,813	0	41.00
43.00	04300	NURSERY				25,269	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				24,438,896	0	50.00
50.01	05001	ENDOSCOPY				327,095	0	50.01
51.00	05100	RECOVERY ROOM				1,584,231	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,374,647	0	52.00
53.00	05300	ANESTHESIOLOGY				972,286	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING				652,881	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				18,676,110	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				4,552,240	0	55.00
56.00	05600	RADIOISOTOPE				1,216,231	0	56.00
59.00	05900	CARDIAC CATHETERIZATION				368,505	0	59.00
60.00	06000	LABORATORY				8,617,812	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY				149,645	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB				0	0	60.02

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		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				251,142	0	63.00
65.00	06500	RESPIRATORY THERAPY				1,582,497	0	65.00
66.00	06600	PHYSICAL THERAPY				943,205	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				121,138	0	67.00
68.00	06800	SPEECH PATHOLOGY				590,478	0	68.00
69.00	06900	ELECTROCARDIOLOGY				938,845	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				1,499,922	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				666,462	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,093,978	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,463,693	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY				630,217	0	73.03
74.00	07400	RENAL DIALYSIS				929,107	0	74.00
76.00	03020	RH NBN ECMO IC				69,631	0	76.00
76.01	03140	CARDIOLOGY				848,226	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				51,499	0	76.02
76.03	03950	CARDIAC CATH				2,554,408	0	76.03
76.04	03951	DAY SURGERY				441,886	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				112,830	0	76.08
76.97	07697	CARDIAC REHABILITATION				163,347	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				348,419	0	90.01
90.02	09002	IUSCC HEM/ONC				2,639,906	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY				355,744	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT				175,299	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT				0	0	90.05
90.06	09006	OUTPATIENT SURGERY				433,826	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS				826,324	0	90.07
90.08	09008	MOTILITY LAB				63,159	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD				0	0	90.09
90.10	09010	CLINICAL GERIATRICS				1	0	90.10
90.11	09023	SLEEP LAB				282,699	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				9,884	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				186,478	0	90.17
90.18	09016	DERMATOLOGY CLINIC				139,339	0	90.18
90.19	09017	INFUSION/HEM/ONC				12,323	0	90.19
90.20	09025	IUMG - MH				55,504	0	90.20
90.21	09019	OP REHAB CLINIC				32,338	0	90.21
90.22	09020	EATING DISORDERS CLINIC				15,337	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC				245,116	0	90.23
90.24	09021	LIFE CARE CLINIC				116,809	0	90.24
91.00	09100	EMERGENCY				2,991,362	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				6,356,877	0	95.00
101.00	10100	HOME HEALTH AGENCY				639,972	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				288,403	0	105.00
106.00	10600	HEART ACQUISITION				21,631	0	106.00
107.00	10700	LIVER ACQUISITION				154,424	0	107.00
108.00	10800	LUNG ACQUISITION				25,813	0	108.00
109.00	10900	PANCREAS ACQUISITION				22,975	0	109.00
110.00	11000	INTESTINAL ACQUISITION				4,164	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP				1,050	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES				296,447	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				190,085	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	120,317,172	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				169,602	0	190.00
191.00	19100	RESEARCH				424,612	0	191.00
191.01	19101	RESEARCH-GCRC				131,818	0	191.01

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		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.02	19102	OSA				27,664	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES				534,627	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST				1,719,651	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC				9,944	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES				8,059,560	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				21,968	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				69,428	0	192.10
192.11	19211	UNUSED SPACE				0	0	192.11
200.00		Cross Foot Adjustments	40,625	35,534	0	878,794	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	40,625	35,534	0	132,364,840	0	202.00

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		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	15,582,832		30.00
31.00	03100	INTENSIVE CARE UNIT	1,038,291		31.00
32.00	03200	CORONARY CARE UNIT	1,465,655		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,381,842		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	374,702		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
34.02	03401	UH SURG 6IC	520,842		34.02
34.03	03402	UH NS 3IC	0		34.03
34.04	03403	RH PED IC	1,404,422		34.04
34.05	03404	TRANSPLANT ICU	265,573		34.05
34.06	03407	PEDS CANCER CARE	713,602		34.06
40.00	04000	SUBPROVIDER - IPF	614,531		40.00
41.00	04100	SUBPROVIDER - IRF	114,813		41.00
43.00	04300	NURSERY	25,269		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	24,438,896		50.00
50.01	05001	ENDOSCOPY	327,095		50.01
51.00	05100	RECOVERY ROOM	1,584,231		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,374,647		52.00
53.00	05300	ANESTHESIOLOGY	972,286		53.00
53.01	05301	PULMONARY FUNCTION TESTING	652,881		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,676,110		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,552,240		55.00
56.00	05600	RADIOISOTOPE	1,216,231		56.00
59.00	05900	CARDIAC CATHETERIZATION	368,505		59.00
60.00	06000	LABORATORY	8,617,812		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	149,645		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	251,142		63.00
65.00	06500	RESPIRATORY THERAPY	1,582,497		65.00
66.00	06600	PHYSICAL THERAPY	943,205		66.00
67.00	06700	OCCUPATIONAL THERAPY	121,138		67.00

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		Cost Center Description	Total		
			26.00		
68.00	06800	SPEECH PATHOLOGY	590,478		68.00
69.00	06900	ELECTROCARDIOLOGY	938,845		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,499,922		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	666,462		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,093,978		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,693		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	630,217		73.03
74.00	07400	RENAL DIALYSIS	929,107		74.00
76.00	03020	RH NBN ECMO IC	69,631		76.00
76.01	03140	CARDIOLOGY	848,226		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	51,499		76.02
76.03	03950	CARDIAC CATH	2,554,408		76.03
76.04	03951	DAY SURGERY	441,886		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	112,830		76.08
76.97	07697	CARDIAC REHABILITATION	163,347		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	348,419		90.01
90.02	09002	IUSCC HEM/ONC	2,639,906		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	355,744		90.03
90.04	09004	AMB SVC-PSYCH ADULT	175,299		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	433,826		90.06
90.07	09007	AMB SVC-RILEY CLINICS	826,324		90.07
90.08	09008	MOTILITY LAB	63,159		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	1		90.10
90.11	09023	SLEEP LAB	282,699		90.11
90.12	09024	OP CARE ADULTS	0		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	INFUSION CLINIC	9,884		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDICS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	186,478		90.17
90.18	09016	DERMATOLOGY CLINIC	139,339		90.18
90.19	09017	INFUSION/HEM/ONC	12,323		90.19
90.20	09025	IUMG - MH	55,504		90.20
90.21	09019	OP REHAB CLINIC	32,338		90.21
90.22	09020	EATING DISORDERS CLINIC	15,337		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	245,116		90.23
90.24	09021	LIFE CARE CLINIC	116,809		90.24
91.00	09100	EMERGENCY	2,991,362		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	6,356,877		95.00
101.00	10100	HOME HEALTH AGENCY	639,972		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	288,403		105.00
106.00	10600	HEART ACQUISITION	21,631		106.00
107.00	10700	LIVER ACQUISITION	154,424		107.00
108.00	10800	LUNG ACQUISITION	25,813		108.00
109.00	10900	PANCREAS ACQUISITION	22,975		109.00
110.00	11000	INTESTINAL ACQUISITION	4,164		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	1,050		112.00
112.01	08601	POST TRANSPLANT EXPENSES	296,447		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	190,085		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,317,172		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	169,602		190.00
191.00	19100	RESEARCH	424,612		191.00
191.01	19101	RESEARCH-GCRC	131,818		191.01
191.02	19102	OSA	27,664		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	534,627		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,719,651		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	9,944		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	8,059,560		192.03
192.04	19204	MHH RADIOLOGY	0		192.04
192.06	19206	BELTWAY SURGERY	0		192.06
192.07	19207	RHI	21,968		192.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B Part II Date/Time Prepared: 7/2/2020 10:55 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	69,428		192.10
192.11	19211	UNUSED SPACE	0		192.11
200.00		Cross Foot Adjustments	878,794		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	132,364,840		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	4,758,750					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		58,440,642				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,985	2,097	626,656,599			4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,254	0	9,047		5.01
5.02	00550	DATA PROCESSING	3,196	9,032	0	0	9,047	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	2,261	4,056	1,871	0	0	5.03
5.04	00570	ADMITTING	3,123	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	231,019	1,545,581	14,370,953	134	134	5.06
6.00	00600	MAINTENANCE & REPAIRS	57,783	507,689	4,672,080	63	63	6.00
7.00	00700	OPERATION OF PLANT	371,072	459,460	5,751,028	106	106	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,081	0	8,399	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	435,895	13	13	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,570	242	374,318	12	12	9.05
10.00	01000	DIETARY	38,373	300,975	7,947,400	198	198	10.00
11.00	01100	CAFETERIA	5,630	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	65,498	659,392	19,928,934	233	233	13.00
13.01	01851	PARAMED ED ADMINISTRATION	10,110	4,147	157,997	2	2	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	74,835	1,042,726	8,537,589	213	213	14.00
15.00	01500	PHARMACY	60,544	739,246	29,802,361	320	320	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	993	0	107,307	2	2	16.00
17.00	01700	SOCIAL SERVICE	5,577	0	5,131,843	83	83	17.00
18.00	01850	PATIENT TRANSPORTATION	1,035	24,525	1,853,428	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	28,228	0	54,576	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	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	2,685	0	424,480	9	9	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	3,981	0	1,520,756	22	22	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	0	295,980	5	5	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	0	179,389	3	3	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	716,674	2,984,680	112,458,427	1,774	1,774	30.00
31.00	03100	INTENSIVE CARE UNIT	41,939	217,782	13,226,376	192	192	31.00
32.00	03200	CORONARY CARE UNIT	48,304	464,397	14,045,906	202	202	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	78,811	831,650	17,963,248	292	292	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,141	112,550	1,730,828	24	24	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	27,014	94,278	3,099,115	47	47	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	54,052	435,785	8,612,211	130	130	34.04
34.05	03404	TRANSPLANT ICU	13,455	47,984	1,721,293	26	26	34.05
34.06	03407	PEDS CANCER CARE	41,657	107,500	1,705,427	27	27	34.06
40.00	04000	SUBPROVIDER - IPF	39,784	30,652	3,343,422	55	55	40.00
41.00	04100	SUBPROVIDER - IRF	6,303	18,688	394,644	6	6	41.00
43.00	04300	NURSERY	296	2,462	1,268,562	18	18	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	264,377	15,136,374	37,511,243	534	534	50.00
50.01	05001	ENDOSCOPY	6,693	162,419	1,354,985	18	18	50.01
51.00	05100	RECOVERY ROOM	71,330	420,483	8,180,306	120	120	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,855	539,675	6,541,266	85	85	52.00
53.00	05300	ANESTHESIOLOGY	10,709	580,152	1,120,933	19	19	53.00
53.01	05301	PULMONARY FUNCTION TESTING	21,159	266,690	3,135,943	44	44	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	269,062	11,077,409	29,931,085	403	403	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	53,644	2,835,198	4,209,723	52	52	55.00
56.00	05600	RADIOISOTOPE	19,523	709,718	1,079,575	13	13	56.00
59.00	05900	CARDIAC CATHETERIZATION	12,505	143,310	916,379	12	12	59.00
60.00	06000	LABORATORY	217,409	3,856,617	47,886,372	559	559	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	51,988	946,640	13	13	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	73,146	2,981,746	42	42	63.00
65.00	06500	RESPIRATORY THERAPY	25,137	833,297	20,034,899	280	280	65.00
66.00	06600	PHYSICAL THERAPY	46,713	199,205	16,123,593	206	206	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,202	471	3,655,246	46	46	67.00
68.00	06800	SPEECH PATHOLOGY	24,844	185,017	4,441,154	57	57	68.00
69.00	06900	ELECTROCARDIOLOGY	11,102	577,044	2,751,722	39	39	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,962	541,007	4,613,132	59	59	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	61,016	7,904,076	94	94	73.03
74.00	07400	RENAL DIALYSIS	43,360	238,825	3,496,470	47	47	74.00
76.00	03020	RH NBN ECMO IC	0	43,939	1,029,316	10	10	76.00
76.01	03140	CARDIOLOGY	9,959	521,573	967,095	13	13	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	896	22,698	928,589	15	15	76.02
76.03	03950	CARDIAC CATH	67,514	1,206,881	4,446,877	52	52	76.03
76.04	03951	DAY SURGERY	26,507	36,533	3,835,543	61	61	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	437	72,708	1,382,916	16	16	76.08
76.97	07697	CARDIAC REHABILITATION	8,408	37,123	450,480	6	6	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	57,355	1,698,357	26	26	90.01
90.02	09002	IUSCC HEM/ONC	133,523	589,360	14,153,367	196	196	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	318	259,195	435,741	8	8	90.03
90.04	09004	AMB SVC-PSYCH ADULT	13,279	175	911,550	14	14	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	13,820	178,680	2,098,199	27	27	90.06
90.07	09007	AMB SVC-RILEY CLINICS	56,694	46,556	5,435,163	85	85	90.07
90.08	09008	MOTILITY LAB	217	43,749	141,340	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	0	0	0	90.10
90.11	09023	SLEEP LAB	5,874	142,113	3,702,951	57	57	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	5,392	262,547	4	4	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	856,343	17	17	90.17
90.18	09016	DERMATOLOGY CLINIC	8,086	19,274	758,307	12	12	90.18
90.19	09017	INFUSION/HEM/ONC	0	3,615	521,597	9	9	90.19
90.20	09025	IUMG - MH	4,307	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,094	2,724	83,257	2	2	90.21
90.22	09020	EATING DISORDERS CLINIC	0	7,741	998,066	14	14	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,501	13,174	1,243,700	22	22	90.23
90.24	09021	LIFE CARE CLINIC	8,483	0	1,339,696	25	25	90.24
91.00	09100	EMERGENCY	150,406	540,155	21,790,430	336	336	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	4,630,902	15,042,839	262	262	95.00
101.00	10100	HOME HEALTH AGENCY	23,498	88,725	23,896,918	346	346	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,402	92,731	3,113,999	36	36	105.00
106.00	10600	HEART ACQUISITION	617	6,087	419,345	4	4	106.00
107.00	10700	LIVER ACQUISITION	4,697	46,327	1,166,501	15	15	107.00
108.00	10800	LUNG ACQUISITION	675	6,658	513,566	6	6	108.00
109.00	10900	PANCREAS ACQUISITION	720	7,106	158,166	2	2	109.00
110.00	11000	INTESTINAL ACQUISITION	107	1,057	140,896	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	295,071	3	3	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,697	105,503	3,781,225	47	47	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,481	34,241	6,795,727	102	102	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,942,534	58,020,121	614,738,211	8,856	8,856	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	11,078	18,556	144,323	30	30	190.00
191.00	19100	RESEARCH	26,701	53,330	2,301,324	4	4	191.00
191.01	19101	RESEARCH-GCRC	7,081	28,014	711,963	20	20	191.01
191.02	19102	OSA	585	4,254	2,470,313	12	12	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	40,747	1,216	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	100,759	285,319	5,865,650	118	118	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	7,040	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	624,766	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	15,352	192,876	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	7,440	231,939	3	3	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	53,748,896	78,615,944	146,406,510	44,120	78,681,342	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.294751	1.345227	0.233631	4.876755	8,696.953907	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			25,241	1,687	48,248	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000040	0.186471	5.333039	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	250,023,364					5.03
5.04	00570	ADMITTING	258	4,917,246,904				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	9,427,875,914			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	113,736	0	0	-186,774,846	2,044,565,916	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	34,510,075	6.00
7.00	00700	OPERATION OF PLANT	31,365	0	0	0	62,224,074	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	439,661	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,532,450	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,637,758	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	5,687,914	9.03
9.04	00904	HOUSEKEEPING - SAXONY	11,423	0	0	0	879,530	9.04
9.05	00905	HOUSEKEEPING - MORGAN	4,472	0	0	0	688,007	9.05
10.00	01000	DIETARY	27,590	0	0	0	15,974,395	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,182,435	11.00
13.00	01300	NURSING ADMINISTRATION	34,674	0	0	0	37,596,869	13.00
13.01	01851	PARAMED ED ADMINISTRATION	899	0	0	0	401,285	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,350,096	0	0	0	132,184,711	14.00
15.00	01500	PHARMACY	1,896,218	0	0	0	46,838,214	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	17,792,307	16.00
17.00	01700	SOCIAL SERVICE	1,498	0	0	0	7,290,160	17.00
18.00	01850	PATIENT TRANSPORTATION	4,634	0	0	0	3,899,648	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9	0	0	0	47,458,900	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	193	0	0	0	52,493,758	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	647,355	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	2,282,116	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	44	0	0	0	431,357	23.09
23.10	02310	PARAMED PHARMACY TECH	780	0	0	0	277,496	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,255,548	844,073,717	942,168,126	0	184,974,760	30.00
31.00	03100	INTENSIVE CARE UNIT	2,104,098	110,063,102	110,063,102	0	21,074,742	31.00
32.00	03200	CORONARY CARE UNIT	2,687,598	101,430,390	101,430,390	0	22,704,839	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,314,754	177,244,080	177,244,080	0	30,088,361	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	174,385	9,407,013	9,407,013	0	2,981,959	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	523,265	25,879,228	25,879,228	0	5,200,987	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	1,001,676	67,083,478	67,083,478	0	14,460,012	34.04
34.05	03404	TRANSPLANT ICU	355,439	12,827,585	12,827,585	0	2,776,938	34.05
34.06	03407	PEDS CANCER CARE	160,335	14,620,445	14,620,445	0	3,286,493	34.06
40.00	04000	SUBPROVIDER - IPF	29,797	12,798,173	12,798,173	0	5,416,480	40.00
41.00	04100	SUBPROVIDER - IRF	21,472	2,220,567	2,220,567	0	687,127	41.00
43.00	04300	NURSERY	92,658	8,923,132	8,923,132	0	1,961,803	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,624,093	697,991,864	1,091,555,554	0	89,533,005	50.00
50.01	05001	ENDOSCOPY	689,420	23,333,913	34,677,748	0	2,672,831	50.01
51.00	05100	RECOVERY ROOM	560,746	51,664,265	141,623,828	0	14,231,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	613,165	49,937,911	57,854,771	0	9,526,496	52.00
53.00	05300	ANESTHESIOLOGY	2,624,705	56,896,917	84,690,768	0	5,908,781	53.00
53.01	05301	PULMONARY FUNCTION TESTING	217,446	4,789,795	39,051,603	0	5,519,533	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,927,464	254,747,859	603,394,775	0	68,953,070	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	94,351	11,513,380	187,782,652	0	12,827,146	55.00
56.00	05600	RADIOISOTOPE	99,105	6,848,865	54,200,898	0	3,204,176	56.00
59.00	05900	CARDIAC CATHETERIZATION	429,003	14,370,626	50,776,513	0	2,398,005	59.00
60.00	06000	LABORATORY	41,502,556	286,734,365	567,391,425	0	61,124,354	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,578,118	2,030,488	15,235,375	0	1,979,056	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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.	2,072,244	98,005,941	110,998,986	0	12,424,673	63.00
65.00	06500	RESPIRATORY THERAPY	3,375,472	151,663,159	156,211,154	0	31,190,256	65.00
66.00	06600	PHYSICAL THERAPY	488,035	53,249,247	81,753,871	0	25,904,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	94,198	18,588,875	22,922,451	0	5,488,955	67.00
68.00	06800	SPEECH PATHOLOGY	132,146	9,864,110	26,071,156	0	7,042,110	68.00
69.00	06900	ELECTROCARDIOLOGY	78,248	47,876,912	89,248,489	0	5,473,572	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,850	40,974,874	58,459,865	0	9,191,620	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,215,451	201,105,252	340,103,600	0	53,377,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,584,312	444,861,742	594,740,183	0	87,987,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	643,971,542	1,608,968,374	0	251,867,999	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	14,583	0	205,788,772	0	173,147,293	73.03
74.00	07400	RENAL DIALYSIS	1,444,856	22,092,009	36,074,928	0	6,323,618	74.00
76.00	03020	RH NBN ECMO IC	201,826	4,311,470	4,311,470	0	1,542,907	76.00
76.01	03140	CARDIOLOGY	709,412	17,881,138	57,745,142	0	2,654,849	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	55,138	246,174	998,140	0	1,406,001	76.02
76.03	03950	CARDIAC CATH	1,477,728	61,837,578	171,903,330	0	9,767,245	76.03
76.04	03951	DAY SURGERY	663,000	567,460	17,469,415	0	6,522,574	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	156	12,419,863	12,428,619	0	2,177,355	76.08
76.97	07697	CARDIAC REHABILITATION	7,175	2,933	3,953,507	0	1,010,095	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	73,557	79,217	6,699,454	0	2,228,651	90.01
90.02	09002	IUSCC HEM/ONC	987,998	1,046,671	129,618,128	0	25,631,178	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	12,907	1,320	4,891,527	0	943,124	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,269	0	1,056,270	0	1,537,290	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	29,001	13,567,942	28,148,135	0	3,432,932	90.06
90.07	09007	AMB SVC-RILEY CLINICS	231,553	444,217	17,491,371	0	1,743,153	90.07
90.08	09008	MOTILITY LAB	43,585	33,595	1,232,132	0	228,123	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	603	90.10
90.11	09023	SLEEP LAB	190,495	0	22,584,136	0	5,023,952	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	12,144	0	5,688,558	0	540,605	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	15,752	10,200	1,965,868	0	1,143,176	90.17
90.18	09016	DERMATOLOGY CLINIC	68,402	1,030	7,761,456	0	1,098,857	90.18
90.19	09017	INFUSION/HEM/ONC	46,567	14,579	13,692,469	0	1,102,980	90.19
90.20	09025	IUMG - MH	0	0	0	0	48,646	90.20
90.21	09019	OP REHAB CLINIC	995	0	540,567	0	161,309	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	3,401,809	0	1,813,244	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	12,401	13,759	2,985,042	0	1,694,216	90.23
90.24	09021	LIFE CARE CLINIC	9,258	0	0	0	2,085,898	90.24
91.00	09100	EMERGENCY	3,095,149	166,527,054	636,435,768	0	45,260,965	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	505,287	202,302	227,023,432	0	41,516,526	95.00
101.00	10100	HOME HEALTH AGENCY	575,976	0	209,447,145	0	74,364,137	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	256,382	29,040,044	29,040,044	0	15,184,948	105.00
106.00	10600	HEART ACQUISITION	897	3,038,900	3,038,900	0	2,127,486	106.00
107.00	10700	LIVER ACQUISITION	82,760	18,551,474	18,551,474	0	11,323,240	107.00
108.00	10800	LUNG ACQUISITION	15,665	4,505,804	4,505,804	0	3,189,423	108.00
109.00	10900	PANCREAS ACQUISITION	8,825	2,641,464	2,641,464	0	1,730,145	109.00
110.00	11000	INTESTINAL ACQUISITION	4,068	575,895	575,895	0	555,304	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	433,229	112.00
112.01	08601	POST TRANSPLANT EXPENSES	226,801	0	0	0	5,944,879	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	198,385	0	35,806,385	0	16,908,507	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	249,724,995	4,917,246,904	9,427,875,914	-186,774,846	2,015,339,834	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	752,689	190.00
191.00	19100	RESEARCH	53,754	0	0	0	3,806,513	191.00
191.01	19101	RESEARCH-GCRC	51,567	0	0	0	293,825	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	31,874	0	0	0	5,066,896	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	477,059	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	111,786	0	0	0	10,811,421	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	2,029	0	0	0	197,045	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	7,056,576	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	46,398	0	0	0	322,478	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	961	0	0	0	441,580	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)	8,358,855	16,226,002	51,374,764		186,774,846	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.033432	0.003300	0.005449		0.091352	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	30,993	41,809	0		4,689,788	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000124	0.000009	0.000000		0.002294	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	4,459,383					6.00
7.00	00700	OPERATION OF PLANT	371,072	4,088,311				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,081	31,081	5,636,495			8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,057,230		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	985,719	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	21	1,616	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,570	1,570	0	1,570	0	9.05
10.00	01000	DIETARY	38,373	38,373	0	38,373	12,928	10.00
11.00	01100	CAFETERIA	5,630	5,630	0	5,630	0	11.00
13.00	01300	NURSING ADMINISTRATION	65,498	65,498	0	65,498	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	74,835	74,835	15,612	74,835	16,146	14.00
15.00	01500	PHARMACY	60,544	60,544	10	60,544	20,132	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	993	993	0	993	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	557	3,962	346	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,228	28,228	3,732	28,228	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	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	2,685	2,685	0	2,685	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	716,674	716,674	2,731,544	716,674	197,694	30.00
31.00	03100	INTENSIVE CARE UNIT	41,939	41,939	214,322	41,939	0	31.00
32.00	03200	CORONARY CARE UNIT	48,304	48,304	211,520	48,304	18,051	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	78,811	78,811	141,171	78,811	8,948	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,141	15,141	39,782	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	33,120	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	54,052	54,052	111,448	54,052	0	34.04
34.05	03404	TRANSPLANT ICU	13,455	13,455	33,365	13,455	13,455	34.05
34.06	03407	PEDS CANCER CARE	41,657	41,657	42,694	41,657	0	34.06
40.00	04000	SUBPROVIDER - IPF	39,784	39,784	28,595	39,784	417	40.00
41.00	04100	SUBPROVIDER - IRF	6,303	6,303	6,863	6,303	0	41.00
43.00	04300	NURSERY	296	296	50,535	296	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	264,377	264,377	485,364	264,377	90,383	50.00
50.01	05001	ENDOSCOPY	6,693	6,693	15,506	6,693	0	50.01
51.00	05100	RECOVERY ROOM	71,330	71,330	61,216	71,330	8,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,855	44,855	143,952	44,855	0	52.00
53.00	05300	ANESTHESIOLOGY	10,709	10,709	0	10,709	238	53.00
53.01	05301	PULMONARY FUNCTION TESTING	21,159	21,159	18,299	21,159	4,023	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	269,062	269,062	365,764	269,062	77,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	53,644	53,644	45,945	53,644	26,690	55.00
56.00	05600	RADIOISOTOPE	19,523	19,523	12,881	19,523	7,640	56.00
59.00	05900	CARDIAC CATHETERIZATION	12,505	12,505	78	12,505	0	59.00
60.00	06000	LABORATORY	217,409	217,409	11,316	217,409	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	77	7,672	658	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	25,137	25,137	501	25,137	3,787	65.00
66.00	06600	PHYSICAL THERAPY	46,713	46,713	39,918	46,713	3,419	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,202	8,202	0	8,202	3,193	67.00
68.00	06800	SPEECH PATHOLOGY	24,844	24,844	392	24,844	4,988	68.00
69.00	06900	ELECTROCARDIOLOGY	11,102	11,102	31,343	11,102	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,962	57,962	4,841	57,962	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	43,360	43,360	24,004	43,360	30,074	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	9,959	9,959	0	9,959	1,333	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	896	896	7,381	896	0	76.02
76.03	03950	CARDIAC CATH	67,514	67,514	80,648	67,514	256	76.03
76.04	03951	DAY SURGERY	26,507	26,507	50,546	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	8,408	8,408	0	8,408	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	16,331	19,714	19,714	90.01
90.02	09002	IUSCC HEM/ONC	133,523	133,523	19,077	133,523	111,222	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	318	318	5	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	4,675	13,820	11,769	90.06
90.07	09007	AMB SVC-RILEY CLINICS	56,694	56,694	19,519	56,694	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	5,874	5,874	0	5,874	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	13,358	13,358	6,017	13,358	13,358	90.17
90.18	09016	DERMATOLOGY CLINIC	8,086	8,086	7,734	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	5,069	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	2,093	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	150,406	150,406	475,992	150,406	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	124	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	9,402	9,402	0	9,402	4,018	105.00
106.00	10600	HEART ACQUISITION	617	617	0	617	181	106.00
107.00	10700	LIVER ACQUISITION	4,697	4,697	0	4,697	2,246	107.00
108.00	10800	LUNG ACQUISITION	675	675	0	675	730	108.00
109.00	10900	PANCREAS ACQUISITION	720	720	0	720	388	109.00
110.00	11000	INTESTINAL ACQUISITION	107	107	0	107	100	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,697	10,697	0	10,697	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)	3,643,167	3,272,095	5,621,499	3,241,014	832,987	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,078	11,078	0	11,078	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	12,599	7,081	3,856	191.01
191.02	19102	OSA	585	585	0	585	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	40,747	40,747	0	40,747	1,925	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	2,397	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	624,766	624,766	0	624,766	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)	37,662,639	71,042,333	1,282,419	0	3,855,146	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.445706	17.376940	0.227521	0.000000	3.910999	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,415,303	5,070,574	400,474	0	8,103	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.317376	1.240261	0.071050	0.000000	0.008220	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	966,036					9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	1,515,224				9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	235,173			9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	96,617		9.05
10.00	01000	DIETARY	1,274	20,610	3,561	0	633,934	10.00
11.00	01100	CAFETERIA	0	0	5,630	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,336	42,220	0	838	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	10,110	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	27,723	19,762	8,111	3,092	0	14.00
15.00	01500	PHARMACY	11,693	20,842	5,565	1,473	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	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	3,160	19,969	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	2,685	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	225,828	260,886	32,266	0	538,936	30.00
31.00	03100	INTENSIVE CARE UNIT	0	41,939	0	0	16,100	31.00
32.00	03200	CORONARY CARE UNIT	8,649	21,604	0	0	14,994	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	61,349	8,514	0	0	6,513	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,141	0	0	0	4,092	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	2,440	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	46,096	7,956	0	0	3,572	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	1,248	34.05
34.06	03407	PEDS CANCER CARE	41,657	0	0	0	4,700	34.06
40.00	04000	SUBPROVIDER - IPF	15,372	23,996	0	0	20,461	40.00
41.00	04100	SUBPROVIDER - IRF	6,303	0	0	0	2,380	41.00
43.00	04300	NURSERY	0	296	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,842	89,602	20,073	6,477	0	50.00
50.01	05001	ENDOSCOPY	0	6,693	0	0	0	50.01
51.00	05100	RECOVERY ROOM	25,794	14,250	22,844	0	748	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,945	39,910	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,894	1,577	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	11,597	5,238	303	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,655	113,608	12,534	7,461	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,395	0	9,559	0	55.00
56.00	05600	RADIOISOTOPE	2,167	8,841	875	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,191	11,314	0	0	59.00
60.00	06000	LABORATORY	13,766	16,572	7,219	3,530	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	6,574	13,483	529	764	0	65.00
66.00	06600	PHYSICAL THERAPY	1,768	33,479	4,956	3,092	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,133	1,218	0	659	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,447	6,748	0	661	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,305	7,626	0	2,172	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,189	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	4,834	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	8,626	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	896	0	0	0	76.02
76.03	03950	CARDIAC CATH	3,338	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	0	5,503	2,905	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	56,694	0	0	0	598	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	1,752	230	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	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	16,926	16,525	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	581	4,240	0	0	0	105.00
106.00	10600	HEART ACQUISITION	38	278	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	290	2,118	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	42	304	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	45	325	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	7	48	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	661	4,824	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)	833,119	1,164,630	157,897	61,361	633,537	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,998	0	0	0	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	397	191.01
191.02	19102	OSA	585	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,474	1,522	569	35,256	0	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	120,000	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)	3,970,074	6,207,516	1,001,611	791,400	18,579,977	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.109654	4.096765	4.259039	8.191105	29.309009	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,345	13,048	29,279	22,164	936,861	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008638	0.008611	0.124500	0.229401	1.477853	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	8,521					11.00
13.00	01300	NURSING ADMINISTRATION	233	3,776				13.00
13.01	01851	PARAMED ED ADMINISTRATION	2	0	4,422,502			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	213	0	0	247,448,851		14.00
15.00	01500	PHARMACY	320	0	0	1,896,218	235,762,745	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	83	0	0	1,498	2,862	17.00
18.00	01850	PATIENT TRANSPORTATION	49	0	0	4,634	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	9	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1	0	0	193	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	9	0	448,827	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	22	0	1,690,416	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	5	0	327,492	44	0	23.09
23.10	02310	PARAMED PHARMACY TECH	3	0	196,034	780	278	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,774	1,436	0	11,255,548	868,997	30.00
31.00	03100	INTENSIVE CARE UNIT	192	174	0	2,104,098	140,884	31.00
32.00	03200	CORONARY CARE UNIT	202	184	0	2,687,598	281,019	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	292	266	0	1,314,754	150,151	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	24	20	0	174,385	11,035	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	47	42	0	523,265	35,785	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	130	120	0	1,001,676	178,934	34.04
34.05	03404	TRANSPLANT ICU	26	25	0	355,439	23,543	34.05
34.06	03407	PEDS CANCER CARE	27	25	0	160,335	33,737	34.06
40.00	04000	SUBPROVIDER - IPF	55	29	0	29,797	303	40.00
41.00	04100	SUBPROVIDER - IRF	6	5	0	21,472	196	41.00
43.00	04300	NURSERY	18	15	0	92,658	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	534	275	0	24,624,093	359,077	50.00
50.01	05001	ENDOSCOPY	18	14	0	689,420	8,364	50.01
51.00	05100	RECOVERY ROOM	120	103	0	560,746	57,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	85	63	0	613,165	0	52.00
53.00	05300	ANESTHESIOLOGY	19	13	0	2,624,705	464,011	53.00
53.01	05301	PULMONARY FUNCTION TESTING	44	9	0	217,446	1,772	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	403	73	621,032	4,927,464	254,616	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	52	19	0	94,351	10,445	55.00
56.00	05600	RADIOISOTOPE	13	0	0	99,105	3,093	56.00
59.00	05900	CARDIAC CATHETERIZATION	12	5	0	429,003	3,228	59.00
60.00	06000	LABORATORY	559	8	478,400	41,502,556	77,397	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	13	0	0	1,578,118	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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.	42	0	0	2,072,244	1,958	63.00
65.00	06500	RESPIRATORY THERAPY	280	0	660,301	3,375,472	129,713	65.00
66.00	06600	PHYSICAL THERAPY	206	1	0	488,035	5,494	66.00
67.00	06700	OCCUPATIONAL THERAPY	46	0	0	94,198	0	67.00
68.00	06800	SPEECH PATHOLOGY	57	6	0	132,146	468	68.00
69.00	06900	ELECTROCARDIOLOGY	39	3	0	78,248	8,625	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	59	1	0	244,850	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,215,451	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,584,312	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	230,404,168	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	94	0	0	14,583	0	73.03
74.00	07400	RENAL DIALYSIS	47	34	0	1,444,856	42,767	74.00
76.00	03020	RH NBN ECMO IC	10	9	0	201,826	20,100	76.00
76.01	03140	CARDIOLOGY	13	7	0	709,412	25,803	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15	10	0	55,138	428	76.02
76.03	03950	CARDIAC CATH	52	30	0	1,477,728	34,910	76.03
76.04	03951	DAY SURGERY	61	51	0	663,000	26,425	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	16	8	0	156	0	76.08
76.97	07697	CARDIAC REHABILITATION	6	3	0	7,175	146	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	26	21	0	73,557	706	90.01
90.02	09002	IUSCC HEM/ONC	196	103	0	987,998	535,093	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	8	1	0	12,907	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	14	1	0	2,269	14	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	27	13	0	29,001	403	90.06
90.07	09007	AMB SVC-RILEY CLINICS	85	49	0	231,553	59,066	90.07
90.08	09008	MOTILITY LAB	1	1	0	43,585	105	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	190,495	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	4	2	0	12,144	19,369	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	17	16	0	15,752	125	90.17
90.18	09016	DERMATOLOGY CLINIC	12	11	0	68,402	452	90.18
90.19	09017	INFUSION/HEM/ONC	9	8	0	46,567	30,914	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2	2	0	995	0	90.21
90.22	09020	EATING DISORDERS CLINIC	14	1	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	22	22	0	12,401	0	90.23
90.24	09021	LIFE CARE CLINIC	25	5	0	9,258	0	90.24
91.00	09100	EMERGENCY	336	233	0	3,095,149	251,250	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	262	40	0	505,287	13,037	95.00
101.00	10100	HOME HEALTH AGENCY	346	69	0	575,976	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	36	8	0	256,382	0	105.00
106.00	10600	HEART ACQUISITION	4	1	0	897	0	106.00
107.00	10700	LIVER ACQUISITION	15	2	0	82,760	395,383	107.00
108.00	10800	LUNG ACQUISITION	6	1	0	15,665	0	108.00
109.00	10900	PANCREAS ACQUISITION	2	0	0	8,825	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2	0	0	4,068	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	3	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	47	0	0	226,801	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	102	51	0	198,385	719,890	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,330	3,747	4,422,502	247,150,482	235,694,227	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30	0	0	0	0	190.00
191.00	19100	RESEARCH	4	0	0	53,754	0	191.00
191.01	19101	RESEARCH-GCRC	20	0	0	51,567	3,757	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	12	4	0	31,874	30,239	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	118	24	0	111,786	34,221	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	2,029	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	4	0	0	46,398	301	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	3	1	0	961	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,459,812	43,033,703	740,771	146,550,440	54,106,177	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	171.319329	11,396.637447	0.167500	0.592245	0.229494	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	75,773	1,819,992	136,560	2,674,817	1,908,050	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.892501	481.989407	0.030878	0.010810	0.008093	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	9,427,875,914					16.00
17.00	01700	SOCIAL SERVICE	0	327,074				17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	9,427,875,914			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	55,747		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		55,747	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	942,168,126	229,714	942,168,126	18,943	18,943	30.00
31.00	03100	INTENSIVE CARE UNIT	110,063,102	18,057	110,063,102	2,453	2,453	31.00
32.00	03200	CORONARY CARE UNIT	101,430,390	16,309	101,430,390	103	103	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	177,244,080	30,462	177,244,080	892	892	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,407,013	2,206	9,407,013	25	25	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	25,879,228	4,044	25,879,228	112	112	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	67,083,478	10,161	67,083,478	884	884	34.04
34.05	03404	TRANSPLANT ICU	12,827,585	2,035	12,827,585	108	108	34.05
34.06	03407	PEDS CANCER CARE	14,620,445	3,198	14,620,445	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	12,798,173	5,236	12,798,173	220	220	40.00
41.00	04100	SUBPROVIDER - IRF	2,220,567	855	2,220,567	0	0	41.00
43.00	04300	NURSERY	8,923,132	4,797	8,923,132	111	111	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,091,555,554	0	1,091,555,554	5,639	5,639	50.00
50.01	05001	ENDOSCOPY	34,677,748	0	34,677,748	0	0	50.01
51.00	05100	RECOVERY ROOM	141,623,828	0	141,623,828	218	218	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,854,771	0	57,854,771	179	179	52.00
53.00	05300	ANESTHESIOLOGY	84,690,768	0	84,690,768	4,586	4,586	53.00
53.01	05301	PULMONARY FUNCTION TESTING	39,051,603	0	39,051,603	74	74	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	603,394,775	0	603,394,775	4,172	4,172	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	187,782,652	0	187,782,652	12	12	55.00
56.00	05600	RADIOISOTOPE	54,200,898	0	54,200,898	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	50,776,513	0	50,776,513	93	93	59.00
60.00	06000	LABORATORY	567,391,425	0	567,391,425	2,076	2,076	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	15,235,375	0	15,235,375	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.	110,998,986	0	110,998,986	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	156,211,154	0	156,211,154	31	31	65.00
66.00	06600	PHYSICAL THERAPY	81,753,871	0	81,753,871	41	41	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,922,451	0	22,922,451	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,071,156	0	26,071,156	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	89,248,489	0	89,248,489	516	516	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	58,459,865	0	58,459,865	1,273	1,273	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	340,103,600	0	340,103,600	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	594,740,183	0	594,740,183	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,608,968,374	0	1,608,968,374	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	205,788,772	0	205,788,772	0	0	73.03
74.00	07400	RENAL DIALYSIS	36,074,928	0	36,074,928	110	110	74.00
76.00	03020	RH NBN ECMO IC	4,311,470	0	4,311,470	0	0	76.00
76.01	03140	CARDIOLOGY	57,745,142	0	57,745,142	894	894	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	998,140	0	998,140	0	0	76.02
76.03	03950	CARDIAC CATH	171,903,330	0	171,903,330	140	140	76.03
76.04	03951	DAY SURGERY	17,469,415	0	17,469,415	83	83	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	12,428,619	0	12,428,619	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	3,953,507	0	3,953,507	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	6,699,454	0	6,699,454	211	211	90.01
90.02	09002	IUSCC HEM/ONC	129,618,128	0	129,618,128	210	210	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	4,891,527	0	4,891,527	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,056,270	0	1,056,270	120	120	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	28,148,135	0	28,148,135	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	17,491,371	0	17,491,371	409	409	90.07
90.08	09008	MOTILITY LAB	1,232,132	0	1,232,132	1,455	1,455	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	22,584,136	0	22,584,136	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	5,688,558	0	5,688,558	143	143	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	1,965,868	0	1,965,868	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	7,761,456	0	7,761,456	53	53	90.18
90.19	09017	INFUSION/HEM/ONC	13,692,469	0	13,692,469	779	779	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	540,567	0	540,567	82	82	90.21
90.22	09020	EATING DISORDERS CLINIC	3,401,809	0	3,401,809	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,985,042	0	2,985,042	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	636,435,768	0	636,435,768	5,309	5,309	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	227,023,432	0	227,023,432	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	209,447,145	0	209,447,145	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	29,040,044	0	29,040,044	0	0	105.00
106.00	10600	HEART ACQUISITION	3,038,900	0	3,038,900	0	0	106.00
107.00	10700	LIVER ACQUISITION	18,551,474	0	18,551,474	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,505,804	0	4,505,804	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,641,464	0	2,641,464	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	575,895	0	575,895	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	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	35,806,385	0	35,806,385			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,427,875,914	327,074	9,427,875,914	52,759	52,759	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	2,408	2,408	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	443	443	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	100	100	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	37	37	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)	19,447,539	8,138,774	4,297,834	51,913,020	58,131,860	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002063	24.883586	0.000456	931.225357	1,042.780060	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	53,620	89,890	56,079	159,866	483,737	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000006	0.274831	0.000006	2.867706	8.677364	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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 EXP	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	327,074					23.05
23.06	02306	PARAMED LAB SCIENCE PRO		100				23.06
23.07	02307	PARAMED PHARMACY			235,759,605			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	229,714	0	868,997	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,057	0	140,884	0	0	31.00
32.00	03200	CORONARY CARE UNIT	16,309	0	281,019	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	30,462	0	150,151	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,206	0	11,035	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	4,044	0	35,785	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	10,161	0	178,934	0	0	34.04
34.05	03404	TRANSPLANT ICU	2,035	0	23,543	0	0	34.05
34.06	03407	PEDS CANCER CARE	3,198	0	33,737	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	5,236	0	303	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	855	0	196	0	0	41.00
43.00	04300	NURSERY	4,797	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	359,077	0	100	50.00
50.01	05001	ENDOSCOPY	0	0	8,364	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	57,688	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	464,011	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	1,772	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	254,616	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,445	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	3,093	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,228	0	0	59.00
60.00	06000	LABORATORY	0	100	77,397	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	1,958	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	129,713	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,494	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	468	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,625	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	230,404,168	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	42,767	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	20,100	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	25,803	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	428	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	34,910	0	0	76.03
76.04	03951	DAY SURGERY	0	0	26,425	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	146	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	706	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	535,093	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	14	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	403	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	59,066	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	105	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	19,369	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	125	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	452	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	30,914	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	251,250	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	13,037	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	395,383	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 EXP	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	719,890	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	327,074	100	235,691,087	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	3,757	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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	
191.02	19102	OSA	0	0	30,239	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	34,221	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	301	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)	863,547	0	2,896,616	0	594,985	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.640219	0.000000	0.012286	0.000000	5,949.850000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	50,022	0	109,010	0	40,625	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.152938	0.000000	0.000462	0.000000	406.250000	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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 EXP	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 01/01/2019 To 12/31/2019 | Worksheet B-1 | Date/Time Prepared: 7/2/2020 10:55 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)	403,682	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,036.820000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,534	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	355.340000	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 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	271,945,188		271,945,188	0	271,945,188	30.00
31.00	03100	INTENSIVE CARE UNIT	28,845,748		28,845,748	0	28,845,748	31.00
32.00	03200	CORONARY CARE UNIT	31,204,177		31,204,177	0	31,204,177	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	40,598,509		40,598,509	0	40,598,509	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,258,960		4,258,960	0	4,258,960	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	7,540,142		7,540,142	0	7,540,142	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	20,003,830		20,003,830	0	20,003,830	34.04
34.05	03404	TRANSPLANT ICU	4,068,744		4,068,744	0	4,068,744	34.05
34.06	03407	PEDS CANCER CARE	5,498,583		5,498,583	0	5,498,583	34.06
40.00	04000	SUBPROVIDER - IPF	8,241,922		8,241,922	0	8,241,922	40.00
41.00	04100	SUBPROVIDER - IRF	1,109,777		1,109,777	0	1,109,777	41.00
43.00	04300	NURSERY	2,544,792		2,544,792	0	2,544,792	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	126,986,678		126,986,678	0	126,986,678	50.00
50.01	05001	ENDOSCOPY	3,781,096		3,781,096	0	3,781,096	50.01
51.00	05100	RECOVERY ROOM	19,601,084		19,601,084	0	19,601,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,013,041		13,013,041	0	13,013,041	52.00
53.00	05300	ANESTHESIOLOGY	8,800,442		8,800,442	0	8,800,442	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,998,130		6,998,130	0	6,998,130	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,909,140		88,909,140	0	88,909,140	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,405,435		16,405,435	0	16,405,435	55.00
56.00	05600	RADIOISOTOPE	4,280,884		4,280,884	0	4,280,884	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,434,866		3,434,866	0	3,434,866	59.00
60.00	06000	LABORATORY	98,882,334		98,882,334	0	98,882,334	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,268,824		3,268,824	0	3,268,824	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,282,999		15,282,999	0	15,282,999	63.00
65.00	06500	RESPIRATORY THERAPY	37,376,875	0	37,376,875	0	37,376,875	65.00
66.00	06600	PHYSICAL THERAPY	30,233,217	0	30,233,217	0	30,233,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,359,343	0	6,359,343	0	6,359,343	67.00
68.00	06800	SPEECH PATHOLOGY	8,652,962	0	8,652,962	0	8,652,962	68.00
69.00	06900	ELECTROCARDIOLOGY	6,635,919		6,635,919	0	6,635,919	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,080,413		12,080,413	0	12,080,413	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,258,179		88,258,179	0	88,258,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	145,248,982		145,248,982	0	145,248,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	335,036,761		335,036,761	0	335,036,761	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	189,840,098		189,840,098	0	189,840,098	73.03
74.00	07400	RENAL DIALYSIS	9,550,995		9,550,995	0	9,550,995	74.00
76.00	03020	RH NBN ECMO IC	1,923,389		1,923,389	0	1,923,389	76.00
76.01	03140	CARDIOLOGY	3,849,054		3,849,054	0	3,849,054	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,714,737		1,714,737	0	1,714,737	76.02
76.03	03950	CARDIAC CATH	14,365,276		14,365,276	0	14,365,276	76.03
76.04	03951	DAY SURGERY	8,952,974		8,952,974	0	8,952,974	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	2,514,649		2,514,649	0	2,514,649	76.08
76.97	07697	CARDIAC REHABILITATION	1,416,179		1,416,179	0	1,416,179	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	3,326,522		3,326,522	0	3,326,522	90.01
90.02	09002	IUSCC HEM/ONC	34,199,771		34,199,771	0	34,199,771	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,071,471		1,071,471	0	1,071,471	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,092,828		2,092,828	0	2,092,828	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,399,862		4,399,862	0	4,399,862	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,389,819		4,389,819	0	4,389,819	90.07
90.08	09008	MOTILITY LAB	295,968		295,968	0	295,968	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	658		658	0	658	90.10
90.11	09023	SLEEP LAB	5,852,601		5,852,601	0	5,852,601	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	639,672		639,672	0	639,672	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 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	1,845,728		1,845,728	0	1,845,728	90.17
90.18	09016	DERMATOLOGY CLINIC	1,629,017		1,629,017	0	1,629,017	90.18
90.19	09017	INFUSION/HEM/ONC	1,366,000		1,366,000	0	1,366,000	90.19
90.20	09025	IUMG - MH	181,953		181,953	0	181,953	90.20
90.21	09019	OP REHAB CLINIC	264,962		264,962	0	264,962	90.21
90.22	09020	EATING DISORDERS CLINIC	2,001,251		2,001,251	0	2,001,251	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,610,309		2,610,309	0	2,610,309	90.23
90.24	09021	LIFE CARE CLINIC	2,596,926		2,596,926	0	2,596,926	90.24
91.00	09100	EMERGENCY	60,769,120		60,769,120	54,199	60,823,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,823,767		19,823,767		19,823,767	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	46,684,201		46,684,201	0	46,684,201	95.00
101.00	10100	HOME HEALTH AGENCY	83,482,923		83,482,923		83,482,923	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	17,172,713		17,172,713		17,172,713	105.00
106.00	10600	HEART ACQUISITION	2,360,040		2,360,040		2,360,040	106.00
107.00	10700	LIVER ACQUISITION	12,714,286		12,714,286		12,714,286	107.00
108.00	10800	LUNG ACQUISITION	3,535,539		3,535,539		3,535,539	108.00
109.00	10900	PANCREAS ACQUISITION	1,922,046		1,922,046		1,922,046	109.00
110.00	11000	INTESTINAL ACQUISITION	613,615		613,615		613,615	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	473,319		473,319		473,319	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,950,337		6,950,337		6,950,337	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19,594,963		19,594,963		19,594,963	116.00
200.00		Subtotal (see instructions)	2,084,377,514	0	2,084,377,514	54,199	2,084,431,713	200.00
201.00		Less Observation Beds	19,823,767		19,823,767		19,823,767	201.00
202.00		Total (see instructions)	2,064,553,747	0	2,064,553,747	54,199	2,064,607,946	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	841,646,275		841,646,275			30.00
31.00	03100	INTENSIVE CARE UNIT	110,063,102		110,063,102			31.00
32.00	03200	CORONARY CARE UNIT	101,430,390		101,430,390			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	177,244,080		177,244,080			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,407,013		9,407,013			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	25,879,228		25,879,228			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	67,083,478		67,083,478			34.04
34.05	03404	TRANSPLANT ICU	12,827,585		12,827,585			34.05
34.06	03407	PEDS CANCER CARE	14,620,445		14,620,445			34.06
40.00	04000	SUBPROVIDER - IPF	12,798,173		12,798,173			40.00
41.00	04100	SUBPROVIDER - IRF	2,220,567		2,220,567			41.00
43.00	04300	NURSERY	8,923,132		8,923,132			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	697,991,864	393,563,690	1,091,555,554	0.116336	0.000000	50.00
50.01	05001	ENDOSCOPY	23,333,913	11,343,835	34,677,748	0.109035	0.000000	50.01
51.00	05100	RECOVERY ROOM	51,664,265	89,959,563	141,623,828	0.138402	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,937,911	7,916,860	57,854,771	0.224926	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	56,896,917	27,793,851	84,690,768	0.103913	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,789,795	34,261,808	39,051,603	0.179202	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	254,747,859	348,646,916	603,394,775	0.147348	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,513,380	176,269,272	187,782,652	0.087364	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,848,865	47,352,033	54,200,898	0.078982	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	14,370,626	36,405,887	50,776,513	0.067647	0.000000	59.00
60.00	06000	LABORATORY	286,734,365	280,657,060	567,391,425	0.174275	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,030,488	13,204,887	15,235,375	0.214555	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.	98,005,941	12,993,045	110,998,986	0.137686	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	151,663,159	4,547,995	156,211,154	0.239271	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	53,249,247	28,504,624	81,753,871	0.369808	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,588,875	4,333,576	22,922,451	0.277429	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	9,864,110	16,207,046	26,071,156	0.331898	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	47,876,912	41,371,577	89,248,489	0.074353	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,974,874	17,484,991	58,459,865	0.206645	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	201,105,252	138,998,348	340,103,600	0.259504	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	444,861,742	149,878,441	594,740,183	0.244223	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	643,971,542	964,996,832	1,608,968,374	0.208231	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	205,788,772	205,788,772	0.922500	0.000000	73.03
74.00	07400	RENAL DIALYSIS	22,092,009	13,982,919	36,074,928	0.264754	0.000000	74.00
76.00	03020	RH NBN ECMO IC	4,311,470	0	4,311,470	0.446110	0.000000	76.00
76.01	03140	CARDIOLOGY	17,881,138	39,864,004	57,745,142	0.066656	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	246,174	751,966	998,140	1.717932	0.000000	76.02
76.03	03950	CARDIAC CATH	61,837,578	110,065,752	171,903,330	0.083566	0.000000	76.03
76.04	03951	DAY SURGERY	567,460	16,901,955	17,469,415	0.512494	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	12,419,863	8,756	12,428,619	0.202327	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	2,933	3,950,574	3,953,507	0.358208	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	79,217	6,620,237	6,699,454	0.496536	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	1,046,671	128,571,457	129,618,128	0.263850	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,320	4,890,207	4,891,527	0.219046	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,056,270	1,056,270	1.981338	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	13,567,942	14,580,193	28,148,135	0.156311	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	444,217	17,047,154	17,491,371	0.250971	0.000000	90.07
90.08	09008	MOTILITY LAB	33,595	1,198,537	1,232,132	0.240208	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	0	22,584,136	22,584,136	0.259147	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	0	5,688,558	5,688,558	0.112449	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	10,200	1,955,668	1,965,868	0.938887	0.000000	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	1,030	7,760,426	7,761,456	0.209885	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	14,579	13,677,890	13,692,469	0.099763	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	540,567	540,567	0.490156	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	3,401,809	3,401,809	0.588290	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	13,759	2,971,283	2,985,042	0.874463	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24
91.00	09100	EMERGENCY	166,527,054	469,908,714	636,435,768	0.095484	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,427,442	98,094,409	100,521,851	0.197209	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	202,302	226,821,130	227,023,432	0.205636	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	209,447,145	209,447,145			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	29,040,044	0	29,040,044			105.00
106.00	10600	HEART ACQUISITION	3,038,900	0	3,038,900			106.00
107.00	10700	LIVER ACQUISITION	18,551,474	0	18,551,474			107.00
108.00	10800	LUNG ACQUISITION	4,505,804	0	4,505,804			108.00
109.00	10900	PANCREAS ACQUISITION	2,641,464	0	2,641,464			109.00
110.00	11000	INTESTINAL ACQUISITION	575,895	0	575,895			110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	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	35,806,385	35,806,385			116.00
200.00		Subtotal (see instructions)	4,917,246,904	4,510,629,010	9,427,875,914			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,917,246,904	4,510,629,010	9,427,875,914			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	0.116336		50.00
50.01	05001	ENDOSCOPY	0.109035		50.01
51.00	05100	RECOVERY ROOM	0.138402		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926		52.00
53.00	05300	ANESTHESIOLOGY	0.103913		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364		55.00
56.00	05600	RADIOISOTOPE	0.078982		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647		59.00
60.00	06000	LABORATORY	0.174275		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137686		63.00
65.00	06500	RESPIRATORY THERAPY	0.239271		65.00
66.00	06600	PHYSICAL THERAPY	0.369808		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429		67.00
68.00	06800	SPEECH PATHOLOGY	0.331898		68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500		73.03
74.00	07400	RENAL DIALYSIS	0.264754		74.00
76.00	03020	RH NBN ECMO IC	0.446110		76.00
76.01	03140	CARDIOLOGY	0.066656		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932		76.02
76.03	03950	CARDIAC CATH	0.083566		76.03
76.04	03951	DAY SURGERY	0.512494		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	0.202327		76.08
76.97	07697	CARDIAC REHABILITATION	0.358208		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	0.496536		90.01
90.02	09002	IUSCC HEM/ONC	0.263850		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.156311		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971		90.07
90.08	09008	MOTILITY LAB	0.240208		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	0.259147		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	0.112449		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	0.938887		90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885		90.18
90.19	09017	INFUSION/HEM/ONC	0.099763		90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
90.20	09025	IUMG - MH	0.000000		90.20
90.21	09019	OP REHAB CLINIC	0.490156		90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463		90.23
90.24	09021	LIFE CARE CLINIC	0.000000		90.24
91.00	09100	EMERGENCY	0.095569		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.205636		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 EXP			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 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	271,945,188		271,945,188	0	271,945,188	30.00
31.00	03100	INTENSIVE CARE UNIT	28,845,748		28,845,748	0	28,845,748	31.00
32.00	03200	CORONARY CARE UNIT	31,204,177		31,204,177	0	31,204,177	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	40,598,509		40,598,509	0	40,598,509	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,258,960		4,258,960	0	4,258,960	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	7,540,142		7,540,142	0	7,540,142	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	20,003,830		20,003,830	0	20,003,830	34.04
34.05	03404	TRANSPLANT ICU	4,068,744		4,068,744	0	4,068,744	34.05
34.06	03407	PEDS CANCER CARE	5,498,583		5,498,583	0	5,498,583	34.06
40.00	04000	SUBPROVIDER - IPF	8,241,922		8,241,922	0	8,241,922	40.00
41.00	04100	SUBPROVIDER - IRF	1,109,777		1,109,777	0	1,109,777	41.00
43.00	04300	NURSERY	2,544,792		2,544,792	0	2,544,792	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	126,986,678		126,986,678	0	126,986,678	50.00
50.01	05001	ENDOSCOPY	3,781,096		3,781,096	0	3,781,096	50.01
51.00	05100	RECOVERY ROOM	19,601,084		19,601,084	0	19,601,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,013,041		13,013,041	0	13,013,041	52.00
53.00	05300	ANESTHESIOLOGY	8,800,442		8,800,442	0	8,800,442	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,998,130		6,998,130	0	6,998,130	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,909,140		88,909,140	0	88,909,140	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,405,435		16,405,435	0	16,405,435	55.00
56.00	05600	RADIOISOTOPE	4,280,884		4,280,884	0	4,280,884	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,434,866		3,434,866	0	3,434,866	59.00
60.00	06000	LABORATORY	98,882,334		98,882,334	0	98,882,334	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,268,824		3,268,824	0	3,268,824	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,282,999		15,282,999	0	15,282,999	63.00
65.00	06500	RESPIRATORY THERAPY	37,376,875	0	37,376,875	0	37,376,875	65.00
66.00	06600	PHYSICAL THERAPY	30,233,217	0	30,233,217	0	30,233,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,359,343	0	6,359,343	0	6,359,343	67.00
68.00	06800	SPEECH PATHOLOGY	8,652,962	0	8,652,962	0	8,652,962	68.00
69.00	06900	ELECTROCARDIOLOGY	6,635,919		6,635,919	0	6,635,919	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,080,413		12,080,413	0	12,080,413	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,258,179		88,258,179	0	88,258,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	145,248,982		145,248,982	0	145,248,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	335,036,761		335,036,761	0	335,036,761	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	189,840,098		189,840,098	0	189,840,098	73.03
74.00	07400	RENAL DIALYSIS	9,550,995		9,550,995	0	9,550,995	74.00
76.00	03020	RH NBN ECMO IC	1,923,389		1,923,389	0	1,923,389	76.00
76.01	03140	CARDIOLOGY	3,849,054		3,849,054	0	3,849,054	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,714,737		1,714,737	0	1,714,737	76.02
76.03	03950	CARDIAC CATH	14,365,276		14,365,276	0	14,365,276	76.03
76.04	03951	DAY SURGERY	8,952,974		8,952,974	0	8,952,974	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	2,514,649		2,514,649	0	2,514,649	76.08
76.97	07697	CARDIAC REHABILITATION	1,416,179		1,416,179	0	1,416,179	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	3,326,522		3,326,522	0	3,326,522	90.01
90.02	09002	IUSCC HEM/ONC	34,199,771		34,199,771	0	34,199,771	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,071,471		1,071,471	0	1,071,471	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,092,828		2,092,828	0	2,092,828	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,399,862		4,399,862	0	4,399,862	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,389,819		4,389,819	0	4,389,819	90.07
90.08	09008	MOTILITY LAB	295,968		295,968	0	295,968	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	658		658	0	658	90.10
90.11	09023	SLEEP LAB	5,852,601		5,852,601	0	5,852,601	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	639,672		639,672	0	639,672	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 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	1,845,728		1,845,728	0	1,845,728	90.17
90.18	09016	DERMATOLOGY CLINIC	1,629,017		1,629,017	0	1,629,017	90.18
90.19	09017	INFUSION/HEM/ONC	1,366,000		1,366,000	0	1,366,000	90.19
90.20	09025	IUMG - MH	181,953		181,953	0	181,953	90.20
90.21	09019	OP REHAB CLINIC	264,962		264,962	0	264,962	90.21
90.22	09020	EATING DISORDERS CLINIC	2,001,251		2,001,251	0	2,001,251	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,610,309		2,610,309	0	2,610,309	90.23
90.24	09021	LIFE CARE CLINIC	2,596,926		2,596,926	0	2,596,926	90.24
91.00	09100	EMERGENCY	60,769,120		60,769,120	54,199	60,823,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,823,767		19,823,767		19,823,767	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	46,684,201		46,684,201	0	46,684,201	95.00
101.00	10100	HOME HEALTH AGENCY	83,482,923		83,482,923		83,482,923	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	17,172,713		17,172,713		17,172,713	105.00
106.00	10600	HEART ACQUISITION	2,360,040		2,360,040		2,360,040	106.00
107.00	10700	LIVER ACQUISITION	12,714,286		12,714,286		12,714,286	107.00
108.00	10800	LUNG ACQUISITION	3,535,539		3,535,539		3,535,539	108.00
109.00	10900	PANCREAS ACQUISITION	1,922,046		1,922,046		1,922,046	109.00
110.00	11000	INTESTINAL ACQUISITION	613,615		613,615		613,615	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	473,319		473,319		473,319	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,950,337		6,950,337		6,950,337	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19,594,963		19,594,963		19,594,963	116.00
200.00		Subtotal (see instructions)	2,084,377,514	0	2,084,377,514	54,199	2,084,431,713	200.00
201.00		Less Observation Beds	19,823,767		19,823,767		19,823,767	201.00
202.00		Total (see instructions)	2,064,553,747	0	2,064,553,747	54,199	2,064,607,946	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	841,646,275		841,646,275			30.00
31.00	03100	INTENSIVE CARE UNIT	110,063,102		110,063,102			31.00
32.00	03200	CORONARY CARE UNIT	101,430,390		101,430,390			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	177,244,080		177,244,080			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,407,013		9,407,013			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	25,879,228		25,879,228			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	67,083,478		67,083,478			34.04
34.05	03404	TRANSPLANT ICU	12,827,585		12,827,585			34.05
34.06	03407	PEDS CANCER CARE	14,620,445		14,620,445			34.06
40.00	04000	SUBPROVIDER - IPF	12,798,173		12,798,173			40.00
41.00	04100	SUBPROVIDER - IRF	2,220,567		2,220,567			41.00
43.00	04300	NURSERY	8,923,132		8,923,132			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	697,991,864	393,563,690	1,091,555,554	0.116336	0.000000	50.00
50.01	05001	ENDOSCOPY	23,333,913	11,343,835	34,677,748	0.109035	0.000000	50.01
51.00	05100	RECOVERY ROOM	51,664,265	89,959,563	141,623,828	0.138402	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,937,911	7,916,860	57,854,771	0.224926	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	56,896,917	27,793,851	84,690,768	0.103913	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,789,795	34,261,808	39,051,603	0.179202	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	254,747,859	348,646,916	603,394,775	0.147348	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,513,380	176,269,272	187,782,652	0.087364	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,848,865	47,352,033	54,200,898	0.078982	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	14,370,626	36,405,887	50,776,513	0.067647	0.000000	59.00
60.00	06000	LABORATORY	286,734,365	280,657,060	567,391,425	0.174275	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,030,488	13,204,887	15,235,375	0.214555	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.	98,005,941	12,993,045	110,998,986	0.137686	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	151,663,159	4,547,995	156,211,154	0.239271	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	53,249,247	28,504,624	81,753,871	0.369808	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,588,875	4,333,576	22,922,451	0.277429	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	9,864,110	16,207,046	26,071,156	0.331898	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	47,876,912	41,371,577	89,248,489	0.074353	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,974,874	17,484,991	58,459,865	0.206645	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	201,105,252	138,998,348	340,103,600	0.259504	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	444,861,742	149,878,441	594,740,183	0.244223	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	643,971,542	964,996,832	1,608,968,374	0.208231	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	205,788,772	205,788,772	0.922500	0.000000	73.03
74.00	07400	RENAL DIALYSIS	22,092,009	13,982,919	36,074,928	0.264754	0.000000	74.00
76.00	03020	RH NBN ECMO IC	4,311,470	0	4,311,470	0.446110	0.000000	76.00
76.01	03140	CARDIOLOGY	17,881,138	39,864,004	57,745,142	0.066656	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	246,174	751,966	998,140	1.717932	0.000000	76.02
76.03	03950	CARDIAC CATH	61,837,578	110,065,752	171,903,330	0.083566	0.000000	76.03
76.04	03951	DAY SURGERY	567,460	16,901,955	17,469,415	0.512494	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	12,419,863	8,756	12,428,619	0.202327	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	2,933	3,950,574	3,953,507	0.358208	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	79,217	6,620,237	6,699,454	0.496536	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	1,046,671	128,571,457	129,618,128	0.263850	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,320	4,890,207	4,891,527	0.219046	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,056,270	1,056,270	1.981338	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	13,567,942	14,580,193	28,148,135	0.156311	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	444,217	17,047,154	17,491,371	0.250971	0.000000	90.07
90.08	09008	MOTILITY LAB	33,595	1,198,537	1,232,132	0.240208	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	0	22,584,136	22,584,136	0.259147	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	0	5,688,558	5,688,558	0.112449	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	10,200	1,955,668	1,965,868	0.938887	0.000000	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part I Date/Time Prepared: 7/2/2020 10:55 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	1,030	7,760,426	7,761,456	0.209885	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	14,579	13,677,890	13,692,469	0.099763	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	540,567	540,567	0.490156	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	3,401,809	3,401,809	0.588290	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	13,759	2,971,283	2,985,042	0.874463	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24
91.00	09100	EMERGENCY	166,527,054	469,908,714	636,435,768	0.095484	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,427,442	98,094,409	100,521,851	0.197209	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	202,302	226,821,130	227,023,432	0.205636	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	209,447,145	209,447,145			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	29,040,044	0	29,040,044			105.00
106.00	10600	HEART ACQUISITION	3,038,900	0	3,038,900			106.00
107.00	10700	LIVER ACQUISITION	18,551,474	0	18,551,474			107.00
108.00	10800	LUNG ACQUISITION	4,505,804	0	4,505,804			108.00
109.00	10900	PANCREAS ACQUISITION	2,641,464	0	2,641,464			109.00
110.00	11000	INTESTINAL ACQUISITION	575,895	0	575,895			110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	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	35,806,385	35,806,385			116.00
200.00		Subtotal (see instructions)	4,917,246,904	4,510,629,010	9,427,875,914			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,917,246,904	4,510,629,010	9,427,875,914			202.00

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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	0.116336	50.00
50.01	05001	ENDOSCOPY	0.109035	50.01
51.00	05100	RECOVERY ROOM	0.138402	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	55.00
56.00	05600	RADIOISOTOPE	0.078982	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	59.00
60.00	06000	LABORATORY	0.174275	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137686	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	73.03
74.00	07400	RENAL DIALYSIS	0.264754	74.00
76.00	03020	RH NBN ECMO IC	0.446110	76.00
76.01	03140	CARDIOLOGY	0.066656	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	76.02
76.03	03950	CARDIAC CATH	0.083566	76.03
76.04	03951	DAY SURGERY	0.512494	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	0.202327	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	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	0.496536	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	90.07
90.08	09008	MOTILITY LAB	0.240208	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	0.259147	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	0.112449	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	0.938887	90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	90.19

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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	0.490156		90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463		90.23
90.24	09021	LIFE CARE CLINIC	0.000000		90.24
91.00	09100	EMERGENCY	0.095569		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.205636		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 EXP			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 01/01/2019 To 12/31/2019 | Worksheet C Part II Date/Time Prepared: 7/2/2020 10:55 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	126,986,678	24,438,896	102,547,782	0	0	50.00
50.01	05001	ENDOSCOPY	3,781,096	327,095	3,454,001	0	0	50.01
51.00	05100	RECOVERY ROOM	19,601,084	1,584,231	18,016,853	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,013,041	1,374,647	11,638,394	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,800,442	972,286	7,828,156	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,998,130	652,881	6,345,249	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,909,140	18,676,110	70,233,030	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,405,435	4,552,240	11,853,195	0	0	55.00
56.00	05600	RADIOISOTOPE	4,280,884	1,216,231	3,064,653	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,434,866	368,505	3,066,361	0	0	59.00
60.00	06000	LABORATORY	98,882,334	8,617,812	90,264,522	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,268,824	149,645	3,119,179	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.	15,282,999	251,142	15,031,857	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	37,376,875	1,582,497	35,794,378	0	0	65.00
66.00	06600	PHYSICAL THERAPY	30,233,217	943,205	29,290,012	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,359,343	121,138	6,238,205	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,652,962	590,478	8,062,484	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,635,919	938,845	5,697,074	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,080,413	1,499,922	10,580,491	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,258,179	666,462	87,591,717	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	145,248,982	1,093,978	144,155,004	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	335,036,761	2,463,693	332,573,068	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	189,840,098	630,217	189,209,881	0	0	73.03
74.00	07400	RENAL DIALYSIS	9,550,995	929,107	8,621,888	0	0	74.00
76.00	03020	RH NBN ECMO IC	1,923,389	69,631	1,853,758	0	0	76.00
76.01	03140	CARDIOLOGY	3,849,054	848,226	3,000,828	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,714,737	51,499	1,663,238	0	0	76.02
76.03	03950	CARDIAC CATH	14,365,276	2,554,408	11,810,868	0	0	76.03
76.04	03951	DAY SURGERY	8,952,974	441,886	8,511,088	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	2,514,649	112,830	2,401,819	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,416,179	163,347	1,252,832	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	3,326,522	348,419	2,978,103	0	0	90.01
90.02	09002	IUSCC HEM/ONC	34,199,771	2,639,906	31,559,865	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,071,471	355,744	715,727	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,092,828	175,299	1,917,529	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,399,862	433,826	3,966,036	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,389,819	826,324	3,563,495	0	0	90.07
90.08	09008	MOTILITY LAB	295,968	63,159	232,809	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	658	1	657	0	0	90.10
90.11	09023	SLEEP LAB	5,852,601	282,699	5,569,902	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	639,672	9,884	629,788	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	1,845,728	186,478	1,659,250	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,629,017	139,339	1,489,678	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,366,000	12,323	1,353,677	0	0	90.19
90.20	09025	IUMG - MH	181,953	55,504	126,449	0	0	90.20
90.21	09019	OP REHAB CLINIC	264,962	32,338	232,624	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	2,001,251	15,337	1,985,914	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,610,309	245,116	2,365,193	0	0	90.23
90.24	09021	LIFE CARE CLINIC	2,596,926	116,809	2,480,117	0	0	90.24
91.00	09100	EMERGENCY	60,769,120	2,991,362	57,777,758	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,823,767	1,135,922	18,687,845	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	46,684,201	6,356,877	40,327,324	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	83,482,923	639,972	82,842,951	0	0	101.00

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

Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part II Date/Time Prepared: 7/2/2020 10:55 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	
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	17,172,713	288,403	16,884,310	0	0	105.00
106.00	10600	HEART ACQUISITION	2,360,040	21,631	2,338,409	0	0	106.00
107.00	10700	LIVER ACQUISITION	12,714,286	154,424	12,559,862	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,535,539	25,813	3,509,726	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,922,046	22,975	1,899,071	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	613,615	4,164	609,451	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	473,319	1,050	472,269	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,950,337	296,447	6,653,890	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19,594,963	190,085	19,404,878	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,658,517,142	96,950,720	1,561,566,422	0	0	200.00
201.00		Less Observation Beds	19,823,767	1,135,922	18,687,845	0	0	201.00
202.00		Total (line 200 minus line 201)	1,638,693,375	95,814,798	1,542,878,577	0	0	202.00

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

Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part II Date/Time Prepared: 7/2/2020 10:55 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	126,986,678	1,091,555,554	0.116336		50.00
50.01	05001	ENDOSCOPY	3,781,096	34,677,748	0.109035		50.01
51.00	05100	RECOVERY ROOM	19,601,084	141,623,828	0.138402		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,013,041	57,854,771	0.224926		52.00
53.00	05300	ANESTHESIOLOGY	8,800,442	84,690,768	0.103913		53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,998,130	39,051,603	0.179202		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,909,140	603,394,775	0.147348		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,405,435	187,782,652	0.087364		55.00
56.00	05600	RADIOISOTOPE	4,280,884	54,200,898	0.078982		56.00
59.00	05900	CARDIAC CATHETERIZATION	3,434,866	50,776,513	0.067647		59.00
60.00	06000	LABORATORY	98,882,334	567,391,425	0.174275		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,268,824	15,235,375	0.214555		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,282,999	110,998,986	0.137686		63.00
65.00	06500	RESPIRATORY THERAPY	37,376,875	156,211,154	0.239271		65.00
66.00	06600	PHYSICAL THERAPY	30,233,217	81,753,871	0.369808		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,359,343	22,922,451	0.277429		67.00
68.00	06800	SPEECH PATHOLOGY	8,652,962	26,071,156	0.331898		68.00
69.00	06900	ELECTROCARDIOLOGY	6,635,919	89,248,489	0.074353		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,080,413	58,459,865	0.206645		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,258,179	340,103,600	0.259504		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	145,248,982	594,740,183	0.244223		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	335,036,761	1,608,968,374	0.208231		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	189,840,098	205,788,772	0.922500		73.03
74.00	07400	RENAL DIALYSIS	9,550,995	36,074,928	0.264754		74.00
76.00	03020	RH NBN ECMO IC	1,923,389	4,311,470	0.446110		76.00
76.01	03140	CARDIOLOGY	3,849,054	57,745,142	0.066656		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,714,737	998,140	1.717932		76.02
76.03	03950	CARDIAC CATH	14,365,276	171,903,330	0.083566		76.03
76.04	03951	DAY SURGERY	8,952,974	17,469,415	0.512494		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	2,514,649	12,428,619	0.202327		76.08
76.97	07697	CARDIAC REHABILITATION	1,416,179	3,953,507	0.358208		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	3,326,522	6,699,454	0.496536		90.01
90.02	09002	IUSCC HEM/ONC	34,199,771	129,618,128	0.263850		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,071,471	4,891,527	0.219046		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,092,828	1,056,270	1.981338		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	4,399,862	28,148,135	0.156311		90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,389,819	17,491,371	0.250971		90.07
90.08	09008	MOTILITY LAB	295,968	1,232,132	0.240208		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	658	0	0.000000		90.10
90.11	09023	SLEEP LAB	5,852,601	22,584,136	0.259147		90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012	INFUSION CLINIC	639,672	5,688,558	0.112449		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	1,845,728	1,965,868	0.938887		90.17
90.18	09016	DERMATOLOGY CLINIC	1,629,017	7,761,456	0.209885		90.18
90.19	09017	INFUSION/HEM/ONC	1,366,000	13,692,469	0.099763		90.19
90.20	09025	IUMG - MH	181,953	0	0.000000		90.20
90.21	09019	OP REHAB CLINIC	264,962	540,567	0.490156		90.21
90.22	09020	EATING DISORDERS CLINIC	2,001,251	3,401,809	0.588290		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,610,309	2,985,042	0.874463		90.23
90.24	09021	LIFE CARE CLINIC	2,596,926	0	0.000000		90.24
91.00	09100	EMERGENCY	60,769,120	636,435,768	0.095484		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,823,767	100,521,851	0.197209		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	46,684,201	227,023,432	0.205636		95.00
101.00	10100	HOME HEALTH AGENCY	83,482,923	209,447,145	0.398587		101.00

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

Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet C Part II | Date/Time Prepared: 7/2/2020 10:55 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		
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	17,172,713	29,040,044	0.591346		105.00
106.00	10600	HEART ACQUISITION	2,360,040	3,038,900	0.776610		106.00
107.00	10700	LIVER ACQUISITION	12,714,286	18,551,474	0.685352		107.00
108.00	10800	LUNG ACQUISITION	3,535,539	4,505,804	0.784663		108.00
109.00	10900	PANCREAS ACQUISITION	1,922,046	2,641,464	0.727644		109.00
110.00	11000	INTESTINAL ACQUISITION	613,615	575,895	1.065498		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	473,319	0	0.000000		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,950,337	0	0.000000		112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	19,594,963	35,806,385	0.547248		116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,658,517,142	8,043,732,446			200.00
201.00		Less Observation Beds	19,823,767	0			201.00
202.00		Total (line 200 minus line 201)	1,638,693,375	8,043,732,446			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part I Date/Time Prepared: 7/2/2020 10:55 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	15,582,832	0	15,582,832	247,776	62.89	30.00
31.00	INTENSIVE CARE UNIT	1,038,291		1,038,291	18,057	57.50	31.00
32.00	CORONARY CARE UNIT	1,465,655		1,465,655	16,309	89.87	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,381,842		2,381,842	30,462	78.19	32.01
33.00	BURN INTENSIVE CARE UNIT	374,702		374,702	2,206	169.86	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	520,842		520,842	4,044	128.79	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,404,422		1,404,422	10,161	138.22	34.04
34.05	TRANSPLANT ICU	265,573		265,573	2,035	130.50	34.05
34.06	PEDS CANCER CARE	713,602		713,602	3,198	223.14	34.06
40.00	SUBPROVIDER - IPF	614,531	0	614,531	5,236	117.37	40.00
41.00	SUBPROVIDER - IRF	114,813	0	114,813	855	134.28	41.00
43.00	NURSERY	25,269		25,269	4,797	5.27	43.00
200.00	Total (lines 30 through 199)	24,502,374		24,502,374	345,136		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	61,359	3,858,868		30.00
31.00	INTENSIVE CARE UNIT	5,757	331,028		31.00
32.00	CORONARY CARE UNIT	3,863	347,168		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	BURN INTENSIVE CARE UNIT	7	1,189		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	UH SURG 6IC	1,453	187,132		34.02
34.03	UH NS 3IC	0	0		34.03
34.04	RH PED IC	43	5,943		34.04
34.05	TRANSPLANT ICU	730	95,265		34.05
34.06	PEDS CANCER CARE	140	31,240		34.06
40.00	SUBPROVIDER - IPF	1,255	147,299		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30 through 199)	74,607	5,005,132		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part II Date/Time Prepared: 7/2/2020 10:55 am

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		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	24,438,896	1,091,555,554	0.022389	175,608,057	3,931,689	50.00
50.01	05001	ENDOSCOPY	327,095	34,677,748	0.009432	7,452,591	70,293	50.01
51.00	05100	RECOVERY ROOM	1,584,231	141,623,828	0.011186	13,626,411	152,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,374,647	57,854,771	0.023760	510,775	12,136	52.00
53.00	05300	ANESTHESIOLOGY	972,286	84,690,768	0.011480	13,198,989	151,524	53.00
53.01	05301	PULMONARY FUNCTION TESTING	652,881	39,051,603	0.016718	357,098	5,970	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,676,110	603,394,775	0.030952	68,209,603	2,111,224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,552,240	187,782,652	0.024242	2,730,259	66,187	55.00
56.00	05600	RADIOISOTOPE	1,216,231	54,200,898	0.022439	2,290,949	51,407	56.00
59.00	05900	CARDIAC CATHETERIZATION	368,505	50,776,513	0.007257	5,827,423	42,290	59.00
60.00	06000	LABORATORY	8,617,812	567,391,425	0.015188	70,669,240	1,073,324	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	149,645	15,235,375	0.009822	605,162	5,944	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	251,142	110,998,986	0.002263	19,186,958	43,420	63.00
65.00	06500	RESPIRATORY THERAPY	1,582,497	156,211,154	0.010130	26,739,805	270,874	65.00
66.00	06600	PHYSICAL THERAPY	943,205	81,753,871	0.011537	15,661,293	180,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	121,138	22,922,451	0.005285	3,781,818	19,987	67.00
68.00	06800	SPEECH PATHOLOGY	590,478	26,071,156	0.022649	2,134,529	48,345	68.00
69.00	06900	ELECTROCARDIOLOGY	938,845	89,248,489	0.010519	12,337,439	129,778	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,499,922	58,459,865	0.025657	6,967,082	178,754	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	666,462	340,103,600	0.001960	57,582,687	112,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,093,978	594,740,183	0.001839	119,579,153	219,906	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,693	1,608,968,374	0.001531	146,571,414	224,401	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	630,217	205,788,772	0.003062	0	0	73.03
74.00	07400	RENAL DIALYSIS	929,107	36,074,928	0.025755	8,249,612	212,469	74.00
76.00	03020	RH NBN ECMO IC	69,631	4,311,470	0.016150	0	0	76.00
76.01	03140	CARDIOLOGY	848,226	57,745,142	0.014689	6,158,035	90,455	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	51,499	998,140	0.051595	12,818	661	76.02
76.03	03950	CARDIAC CATH	2,554,408	171,903,330	0.014860	16,919,271	251,420	76.03
76.04	03951	DAY SURGERY	441,886	17,469,415	0.025295	192,250	4,863	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	112,830	12,428,619	0.009078	1,592,770	14,459	76.08
76.97	07697	CARDIAC REHABILITATION	163,347	3,953,507	0.041317	2,933	121	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	348,419	6,699,454	0.052007	2,518	131	90.01
90.02	09002	IUSCC HEM/ONC	2,639,906	129,618,128	0.020367	570,166	11,613	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	355,744	4,891,527	0.072727	1,320	96	90.03
90.04	09004	AMB SVC-PSYCH ADULT	175,299	1,056,270	0.165960	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	433,826	28,148,135	0.015412	4,622,789	71,246	90.06
90.07	09007	AMB SVC-RILEY CLINICS	826,324	17,491,371	0.047242	3,309	156	90.07
90.08	09008	MOTILITY LAB	63,159	1,232,132	0.051260	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	282,699	22,584,136	0.012518	0	0	90.11
90.12	09024	OP CARE ADULTS	0	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	9,884	5,688,558	0.001738	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	186,478	1,965,868	0.094858	6,222	590	90.17
90.18	09016	DERMATOLOGY CLINIC	139,339	7,761,456	0.017953	675	12	90.18
90.19	09017	INFUSION/HEM/ONC	12,323	13,692,469	0.000900	13,965	13	90.19
90.20	09025	IUMG - MH	55,504	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	32,338	540,567	0.059822	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	15,337	3,401,809	0.004508	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	245,116	2,985,042	0.082115	4,325	355	90.23
90.24	09021	LIFE CARE CLINIC	116,809	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	2,991,362	636,435,768	0.004700	45,968,779	216,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,135,922	100,521,851	0.011300	470,807	5,320	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)	88,948,879	7,513,101,903		856,421,299	9,983,457	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part III Date/Time Prepared: 7/2/2020 10:55 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	617,174	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	49,405	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	46,512	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	82,271	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	5,960	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	11,117	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	29,025	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	5,662	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	8,857	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	13,828	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,259	0	41.00
43.00	04300	NURSERY	0	0	0	12,665	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	884,735	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	617,174	247,776	2.49	61,359	30.00
31.00	03100	INTENSIVE CARE UNIT		49,405	18,057	2.74	5,757	31.00
32.00	03200	CORONARY CARE UNIT		46,512	16,309	2.85	3,863	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		82,271	30,462	2.70	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		5,960	2,206	2.70	7	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 6IC		11,117	4,044	2.75	1,453	34.02
34.03	03402	UH NS 3IC		0	0	0.00	0	34.03
34.04	03403	RH PED IC		29,025	10,161	2.86	43	34.04
34.05	03404	TRANSPLANT ICU		5,662	2,035	2.78	730	34.05
34.06	03407	PEDS CANCER CARE		8,857	3,198	2.77	140	34.06
40.00	04000	SUBPROVIDER - IPF	0	13,828	5,236	2.64	1,255	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,259	855	2.64	0	41.00
43.00	04300	NURSERY		12,665	4,797	2.64	0	43.00
200.00		Total (lines 30 through 199)		884,735	345,136		74,607	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	152,784	30.00
31.00	03100	INTENSIVE CARE UNIT	15,774	31.00
32.00	03200	CORONARY CARE UNIT	11,010	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	19	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 6IC	3,996	34.02
34.03	03402	UH NS 3IC	0	34.03
34.04	03403	RH PED IC	123	34.04
34.05	03404	TRANSPLANT ICU	2,029	34.05
34.06	03407	PEDS CANCER CARE	388	34.06
40.00	04000	SUBPROVIDER - IPF	3,313	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	189,436	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 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	599,397	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	103	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,701	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	22	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	128	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	38	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	40	59.00
60.00	06000	LABORATORY	0	0	0	0	951	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	24	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,594	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	67	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	106	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	3,234,498	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	525	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	247	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	317	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	5	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	429	76.03
76.04	03951	DAY SURGERY	0	0	0	0	325	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	9	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,574	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	726	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	238	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	380	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	3,087	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		44,980	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	3,904,370	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	599,397	599,397	1,091,555,554	0.000549	50.00
50.01	05001	ENDOSCOPY	0	103	103	34,677,748	0.000003	50.01
51.00	05100	RECOVERY ROOM	0	709	709	141,623,828	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,854,771	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,701	5,701	84,690,768	0.000067	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	22	22	39,051,603	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,128	3,128	603,394,775	0.000005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	128	128	187,782,652	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	38	38	54,200,898	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	40	40	50,776,513	0.000001	59.00
60.00	06000	LABORATORY	0	951	951	567,391,425	0.000002	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	15,235,375	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	24	24	110,998,986	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,594	1,594	156,211,154	0.000010	65.00
66.00	06600	PHYSICAL THERAPY	0	67	67	81,753,871	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,922,451	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	6	26,071,156	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	106	106	89,248,489	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	58,459,865	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	340,103,600	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	594,740,183	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,234,498	3,234,498	1,608,968,374	0.002010	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	205,788,772	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	525	525	36,074,928	0.000015	74.00
76.00	03020	RH NBN ECMO IC	0	247	247	4,311,470	0.000057	76.00
76.01	03140	CARDIOLOGY	0	317	317	57,745,142	0.000005	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5	5	998,140	0.000005	76.02
76.03	03950	CARDIAC CATH	0	429	429	171,903,330	0.000002	76.03
76.04	03951	DAY SURGERY	0	325	325	17,469,415	0.000019	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	12,428,619	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,953,507	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	9	9	6,699,454	0.000001	90.01
90.02	09002	IUSCC HEM/ONC	0	6,574	6,574	129,618,128	0.000051	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	4,891,527	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,056,270	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	28,148,135	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	726	726	17,491,371	0.000042	90.07
90.08	09008	MOTILITY LAB	0	1	1	1,232,132	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	22,584,136	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	238	238	5,688,558	0.000042	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	1,965,868	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	7,761,456	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	380	380	13,692,469	0.000028	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	540,567	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,401,809	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,985,042	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,087	3,087	636,435,768	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	44,980	44,980	100,521,851	0.000447	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	3,904,370	3,904,370	7,513,101,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	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	0.000549	175,608,057	96,409	63,852,201	35,055	50.00
50.01	05001	ENDOSCOPY	0.000003	7,452,591	22	3,185,054	10	50.01
51.00	05100	RECOVERY ROOM	0.000005	13,626,411	68	15,963,473	80	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	510,775	0	45,401	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000067	13,198,989	884	3,636,019	244	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	357,098	0	4,529,846	5	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000005	68,209,603	341	68,415,861	342	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	2,730,259	3	51,121,827	51	55.00
56.00	05600	RADIOISOTOPE	0.000001	2,290,949	2	8,033,147	8	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	5,827,423	6	12,612,011	13	59.00
60.00	06000	LABORATORY	0.000002	70,669,240	141	36,587,806	73	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	605,162	0	1,466,364	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	19,186,958	0	2,339,723	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000010	26,739,805	267	437,941	4	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	15,661,293	16	521,871	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,781,818	0	28,766	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,134,529	0	1,318,979	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	12,337,439	12	6,365,823	6	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	6,967,082	0	887,505	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	57,582,687	0	38,264,535	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	119,579,153	0	40,814,337	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002010	146,571,414	294,609	270,134,171	542,970	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000015	8,249,612	124	450,859	7	74.00
76.00	03020	RH NBN ECMO IC	0.000057	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000005	6,158,035	31	16,890,673	84	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000005	12,818	0	300,423	2	76.02
76.03	03950	CARDIAC CATH	0.000002	16,919,271	34	19,877,975	40	76.03
76.04	03951	DAY SURGERY	0.000019	192,250	4	4,397,024	84	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	1,592,770	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	2,933	0	1,299,887	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	0.000001	2,518	0	244,241	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000051	570,166	29	40,720,558	2,077	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000000	1,320	0	1,226,631	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	49,437	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	4,622,789	0	5,301,536	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000042	3,309	0	118,964	5	90.07
90.08	09008	MOTILITY LAB	0.000001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	4,142,912	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	0.000042	0	0	2,548,259	107	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000001	6,222	0	680,410	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	675	0	2,116,246	2	90.18
90.19	09017	INFUSION/HEM/ONC	0.000028	13,965	0	4,551,190	127	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	3,487	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	226,666	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	4,325	0	846,768	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000005	45,968,779	230	46,320,400	232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000447	470,807	210	10,045,324	4,490	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)		856,421,299	393,442	792,922,531	586,121	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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	0.116336	63,852,201	19,860	0	7,428,310	50.00
50.01	05001	ENDOSCOPY	0.109035	3,185,054	0	0	347,282	50.01
51.00	05100	RECOVERY ROOM	0.138402	15,963,473	0	0	2,209,377	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	45,401	0	0	10,212	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	3,636,019	0	0	377,830	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	4,529,846	0	0	811,757	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	68,415,861	0	0	10,080,940	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	51,121,827	0	0	4,466,207	55.00
56.00	05600	RADIOISOTOPE	0.078982	8,033,147	0	0	634,474	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	12,612,011	0	0	853,165	59.00
60.00	06000	LABORATORY	0.174275	36,587,806	55,514	0	6,376,340	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	1,466,364	0	0	314,616	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137686	2,339,723	0	0	322,147	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	437,941	0	0	104,787	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	521,871	0	0	192,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	28,766	0	0	7,981	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	1,318,979	0	0	437,766	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	6,365,823	0	0	473,318	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	887,505	0	0	183,398	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	38,264,535	0	0	9,929,800	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	40,814,337	0	0	9,967,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	270,134,171	3,574	652,259	56,250,309	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	450,859	0	0	119,367	74.00
76.00	03020	RH NBN ECMO IC	0.446110	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.066656	16,890,673	0	0	1,125,865	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	300,423	0	0	516,106	76.02
76.03	03950	CARDIAC CATH	0.083566	19,877,975	0	0	1,661,123	76.03
76.04	03951	DAY SURGERY	0.512494	4,397,024	0	0	2,253,448	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	0.202327	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	1,299,887	0	0	465,630	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	0.496536	244,241	0	0	121,274	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	40,720,558	0	0	10,744,119	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	1,226,631	0	0	268,689	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	49,437	0	0	97,951	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	5,301,536	0	0	828,688	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	118,964	0	0	29,857	90.07
90.08	09008	MOTILITY LAB	0.240208	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	0.259147	4,142,912	0	0	1,073,623	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	0.112449	2,548,259	0	0	286,549	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	0.938887	680,410	0	0	638,828	90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885	2,116,246	0	0	444,168	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	4,551,190	0	0	454,040	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.490156	3,487	0	0	1,709	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	226,666	0	0	133,345	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	846,768	0	0	740,467	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.095484	46,320,400	0	0	4,422,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	10,045,324	0	0	1,981,028	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.205636		0			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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)		792,922,531	78,948	652,259	140,189,539	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		792,922,531	78,948	652,259	140,189,539	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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	2,310	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	9,675	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	744	135,821		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 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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)	12,729	135,821				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00		Net Charges (line 200 - line 201)	12,729	135,821				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part II Date/Time Prepared: 7/2/2020 10:55 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	24,438,896	1,091,555,554	0.022389	224,128	5,018	50.00
50.01	05001	ENDOSCOPY	327,095	34,677,748	0.009432	0	0	50.01
51.00	05100	RECOVERY ROOM	1,584,231	141,623,828	0.011186	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,374,647	57,854,771	0.023760	0	0	52.00
53.00	05300	ANESTHESIOLOGY	972,286	84,690,768	0.011480	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	652,881	39,051,603	0.016718	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,676,110	603,394,775	0.030952	50,823	1,573	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,552,240	187,782,652	0.024242	0	0	55.00
56.00	05600	RADIOISOTOPE	1,216,231	54,200,898	0.022439	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	368,505	50,776,513	0.007257	205	1	59.00
60.00	06000	LABORATORY	8,617,812	567,391,425	0.015188	131,582	1,998	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	149,645	15,235,375	0.009822	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.	251,142	110,998,986	0.002263	2,757	6	63.00
65.00	06500	RESPIRATORY THERAPY	1,582,497	156,211,154	0.010130	12,672	128	65.00
66.00	06600	PHYSICAL THERAPY	943,205	81,753,871	0.011537	45,419	524	66.00
67.00	06700	OCCUPATIONAL THERAPY	121,138	22,922,451	0.005285	9,858	52	67.00
68.00	06800	SPEECH PATHOLOGY	590,478	26,071,156	0.022649	7,610	172	68.00
69.00	06900	ELECTROCARDIOLOGY	938,845	89,248,489	0.010519	12,715	134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,499,922	58,459,865	0.025657	2,249	58	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	666,462	340,103,600	0.001960	1,942	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,093,978	594,740,183	0.001839	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,693	1,608,968,374	0.001531	605,856	928	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	630,217	205,788,772	0.003062	0	0	73.03
74.00	07400	RENAL DIALYSIS	929,107	36,074,928	0.025755	12,348	318	74.00
76.00	03020	RH NBN ECMO IC	69,631	4,311,470	0.016150	0	0	76.00
76.01	03140	CARDIOLOGY	848,226	57,745,142	0.014689	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	51,499	998,140	0.051595	71,074	3,667	76.02
76.03	03950	CARDIAC CATH	2,554,408	171,903,330	0.014860	205	3	76.03
76.04	03951	DAY SURGERY	441,886	17,469,415	0.025295	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	112,830	12,428,619	0.009078	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	163,347	3,953,507	0.041317	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	348,419	6,699,454	0.052007	0	0	90.01
90.02	09002	IUSCC HEM/ONC	2,639,906	129,618,128	0.020367	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	355,744	4,891,527	0.072727	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	175,299	1,056,270	0.165960	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	433,826	28,148,135	0.015412	5,716	88	90.06
90.07	09007	AMB SVC-RILEY CLINICS	826,324	17,491,371	0.047242	0	0	90.07
90.08	09008	MOTILITY LAB	63,159	1,232,132	0.051260	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	282,699	22,584,136	0.012518	0	0	90.11
90.12	09024	OP CARE ADULTS	0	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	9,884	5,688,558	0.001738	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	186,478	1,965,868	0.094858	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	139,339	7,761,456	0.017953	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	12,323	13,692,469	0.000900	0	0	90.19
90.20	09025	IUMG - MH	55,504	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	32,338	540,567	0.059822	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	15,337	3,401,809	0.004508	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	245,116	2,985,042	0.082115	0	0	90.23
90.24	09021	LIFE CARE CLINIC	116,809	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	2,991,362	636,435,768	0.004700	265,866	1,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	100,521,851	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)	87,812,957	7,513,101,903		1,463,025	15,922	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV | Date/Time Prepared: 7/2/2020 10:55 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	599,397	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	103	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,701	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	22	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	128	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	38	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	40	59.00
60.00	06000	LABORATORY	0	0	0	0	951	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	24	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,594	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	67	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	106	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	3,234,498	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	525	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	247	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	317	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	5	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	429	76.03
76.04	03951	DAY SURGERY	0	0	0	0	325	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	9	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,574	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	726	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	238	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	380	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	3,087	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	3,859,390	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV | Date/Time Prepared: 7/2/2020 10:55 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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	599,397	599,397	1,091,555,554	0.000549	50.00
50.01	05001	ENDOSCOPY	0	103	103	34,677,748	0.000003	50.01
51.00	05100	RECOVERY ROOM	0	709	709	141,623,828	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,854,771	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,701	5,701	84,690,768	0.000067	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	22	22	39,051,603	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,128	3,128	603,394,775	0.000005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	128	128	187,782,652	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	38	38	54,200,898	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	40	40	50,776,513	0.000001	59.00
60.00	06000	LABORATORY	0	951	951	567,391,425	0.000002	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	15,235,375	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	24	24	110,998,986	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,594	1,594	156,211,154	0.000010	65.00
66.00	06600	PHYSICAL THERAPY	0	67	67	81,753,871	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,922,451	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	6	26,071,156	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	106	106	89,248,489	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	58,459,865	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	340,103,600	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	594,740,183	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,234,498	3,234,498	1,608,968,374	0.002010	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	205,788,772	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	525	525	36,074,928	0.000015	74.00
76.00	03020	RH NBN ECMO IC	0	247	247	4,311,470	0.000057	76.00
76.01	03140	CARDIOLOGY	0	317	317	57,745,142	0.000005	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5	5	998,140	0.000005	76.02
76.03	03950	CARDIAC CATH	0	429	429	171,903,330	0.000002	76.03
76.04	03951	DAY SURGERY	0	325	325	17,469,415	0.000019	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	12,428,619	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,953,507	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	9	9	6,699,454	0.000001	90.01
90.02	09002	IUSCC HEM/ONC	0	6,574	6,574	129,618,128	0.000051	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	4,891,527	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,056,270	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	28,148,135	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	726	726	17,491,371	0.000042	90.07
90.08	09008	MOTILITY LAB	0	1	1	1,232,132	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	22,584,136	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	238	238	5,688,558	0.000042	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	1,965,868	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	7,761,456	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	380	380	13,692,469	0.000028	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	540,567	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,401,809	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,985,042	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,087	3,087	636,435,768	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	100,521,851	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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 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) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	3,859,390	3,859,390	7,513,101,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 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	0.000549	224,128	123	0	0	50.00
50.01	05001	ENDOSCOPY	0.000003	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	0.000067	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	0.000005	50,823	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	205	0	0	0	59.00
60.00	06000	LABORATORY	0.000002	131,582	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	2,757	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000010	12,672	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	45,419	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	9,858	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	7,610	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	12,715	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,249	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,942	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	0.002010	605,856	1,218	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000015	12,348	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000057	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000005	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000005	71,074	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000002	205	0	0	0	76.03
76.04	03951	DAY SURGERY	0.000019	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	0.000001	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000051	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000000	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	5,716	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000042	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000042	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000001	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	0.000028	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	265,866	1	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)		1,463,025	1,342	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part II | Date/Time Prepared: 7/2/2020 10:55 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	24,438,896	1,091,555,554	0.022389	0	0	50.00
50.01	05001	ENDOSCOPY	327,095	34,677,748	0.009432	0	0	50.01
51.00	05100	RECOVERY ROOM	1,584,231	141,623,828	0.011186	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,374,647	57,854,771	0.023760	0	0	52.00
53.00	05300	ANESTHESIOLOGY	972,286	84,690,768	0.011480	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	652,881	39,051,603	0.016718	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,676,110	603,394,775	0.030952	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,552,240	187,782,652	0.024242	0	0	55.00
56.00	05600	RADIOISOTOPE	1,216,231	54,200,898	0.022439	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	368,505	50,776,513	0.007257	0	0	59.00
60.00	06000	LABORATORY	8,617,812	567,391,425	0.015188	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	149,645	15,235,375	0.009822	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.	251,142	110,998,986	0.002263	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,582,497	156,211,154	0.010130	0	0	65.00
66.00	06600	PHYSICAL THERAPY	943,205	81,753,871	0.011537	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	121,138	22,922,451	0.005285	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	590,478	26,071,156	0.022649	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	938,845	89,248,489	0.010519	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,499,922	58,459,865	0.025657	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	666,462	340,103,600	0.001960	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,093,978	594,740,183	0.001839	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,693	1,608,968,374	0.001531	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	630,217	205,788,772	0.003062	0	0	73.03
74.00	07400	RENAL DIALYSIS	929,107	36,074,928	0.025755	0	0	74.00
76.00	03020	RH NBN ECMO IC	69,631	4,311,470	0.016150	0	0	76.00
76.01	03140	CARDIOLOGY	848,226	57,745,142	0.014689	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	51,499	998,140	0.051595	0	0	76.02
76.03	03950	CARDIAC CATH	2,554,408	171,903,330	0.014860	0	0	76.03
76.04	03951	DAY SURGERY	441,886	17,469,415	0.025295	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	112,830	12,428,619	0.009078	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	163,347	3,953,507	0.041317	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	348,419	6,699,454	0.052007	0	0	90.01
90.02	09002	IUSCC HEM/ONC	2,639,906	129,618,128	0.020367	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	355,744	4,891,527	0.072727	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	175,299	1,056,270	0.165960	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	433,826	28,148,135	0.015412	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	826,324	17,491,371	0.047242	0	0	90.07
90.08	09008	MOTILITY LAB	63,159	1,232,132	0.051260	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	282,699	22,584,136	0.012518	0	0	90.11
90.12	09024	OP CARE ADULTS	0	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	9,884	5,688,558	0.001738	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	186,478	1,965,868	0.094858	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	139,339	7,761,456	0.017953	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	12,323	13,692,469	0.000900	0	0	90.19
90.20	09025	IUMG - MH	55,504	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	32,338	540,567	0.059822	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	15,337	3,401,809	0.004508	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	245,116	2,985,042	0.082115	0	0	90.23
90.24	09021	LIFE CARE CLINIC	116,809	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	2,991,362	636,435,768	0.004700	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	100,521,851	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)	87,812,957	7,513,101,903		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV | Date/Time Prepared: 7/2/2020 10:55 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	599,397	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	103	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,701	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	22	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	128	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	38	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	40	59.00
60.00	06000	LABORATORY	0	0	0	0	951	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	24	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,594	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	67	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	106	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	3,234,498	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	525	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	247	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	317	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	5	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	429	76.03
76.04	03951	DAY SURGERY	0	0	0	0	325	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	9	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,574	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	726	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	238	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	380	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	3,087	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	3,859,390	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV | Date/Time Prepared: 7/2/2020 10:55 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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	599,397	599,397	1,091,555,554	0.000549	50.00
50.01	05001	ENDOSCOPY	0	103	103	34,677,748	0.000003	50.01
51.00	05100	RECOVERY ROOM	0	709	709	141,623,828	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,854,771	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,701	5,701	84,690,768	0.000067	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	22	22	39,051,603	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,128	3,128	603,394,775	0.000005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	128	128	187,782,652	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	38	38	54,200,898	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	40	40	50,776,513	0.000001	59.00
60.00	06000	LABORATORY	0	951	951	567,391,425	0.000002	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	15,235,375	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	24	24	110,998,986	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,594	1,594	156,211,154	0.000010	65.00
66.00	06600	PHYSICAL THERAPY	0	67	67	81,753,871	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,922,451	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	6	26,071,156	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	106	106	89,248,489	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	58,459,865	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	340,103,600	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	594,740,183	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,234,498	3,234,498	1,608,968,374	0.002010	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	205,788,772	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	525	525	36,074,928	0.000015	74.00
76.00	03020	RH NBN ECMO IC	0	247	247	4,311,470	0.000057	76.00
76.01	03140	CARDIOLOGY	0	317	317	57,745,142	0.000005	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5	5	998,140	0.000005	76.02
76.03	03950	CARDIAC CATH	0	429	429	171,903,330	0.000002	76.03
76.04	03951	DAY SURGERY	0	325	325	17,469,415	0.000019	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	12,428,619	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,953,507	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	9	9	6,699,454	0.000001	90.01
90.02	09002	IUSCC HEM/ONC	0	6,574	6,574	129,618,128	0.000051	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	4,891,527	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,056,270	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	28,148,135	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	726	726	17,491,371	0.000042	90.07
90.08	09008	MOTILITY LAB	0	1	1	1,232,132	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	22,584,136	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	238	238	5,688,558	0.000042	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	1,965,868	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	7,761,456	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	380	380	13,692,469	0.000028	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	540,567	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,401,809	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,985,042	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,087	3,087	636,435,768	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	100,521,851	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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 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) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	3,859,390	3,859,390	7,513,101,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056
Component CCN: 15-T056
Period: From 01/01/2019 To 12/31/2019
Worksheet D Part IV
Date/Time Prepared: 7/2/2020 10:55 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	0.000549	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000003	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	0.000067	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	0.000005	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	0.000002	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	0.000010	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	0.002010	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	0.000015	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000057	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000005	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	0.000019	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	0.000001	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000051	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000000	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	0.000042	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000042	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000001	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	0.000028	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 INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part I Date/Time Prepared: 7/2/2020 10:55 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	15,582,832	0	15,582,832	247,776	62.89	30.00
31.00	INTENSIVE CARE UNIT	1,038,291		1,038,291	18,057	57.50	31.00
32.00	CORONARY CARE UNIT	1,465,655		1,465,655	16,309	89.87	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,381,842		2,381,842	30,462	78.19	32.01
33.00	BURN INTENSIVE CARE UNIT	374,702		374,702	2,206	169.86	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	520,842		520,842	4,044	128.79	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,404,422		1,404,422	10,161	138.22	34.04
34.05	TRANSPLANT ICU	265,573		265,573	2,035	130.50	34.05
34.06	PEDS CANCER CARE	713,602		713,602	3,198	223.14	34.06
40.00	SUBPROVIDER - IPF	614,531	0	614,531	5,236	117.37	40.00
41.00	SUBPROVIDER - IRF	114,813	0	114,813	855	134.28	41.00
43.00	NURSERY	25,269		25,269	4,797	5.27	43.00
200.00	Total (lines 30 through 199)	24,502,374		24,502,374	345,136		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	11,600	729,524	30.00
31.00	INTENSIVE CARE UNIT	9,086	522,445	31.00
32.00	CORONARY CARE UNIT	1,016	91,308	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,583	201,965	32.01
33.00	BURN INTENSIVE CARE UNIT	55	9,342	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	2,768	382,593	34.04
34.05	TRANSPLANT ICU	0	0	34.05
34.06	PEDS CANCER CARE	0	0	34.06
40.00	SUBPROVIDER - IPF	366	42,957	40.00
41.00	SUBPROVIDER - IRF	89	11,951	41.00
43.00	NURSERY	3,908	20,595	43.00
200.00	Total (lines 30 through 199)	31,471	2,012,680	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part II Date/Time Prepared: 7/2/2020 10:55 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	24,438,896	1,091,555,554	0.022389	20,084,290	449,667	50.00
50.01	05001	ENDOSCOPY	327,095	34,677,748	0.009432	645,292	6,086	50.01
51.00	05100	RECOVERY ROOM	1,584,231	141,623,828	0.011186	1,589,925	17,785	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,374,647	57,854,771	0.023760	1,517,703	36,061	52.00
53.00	05300	ANESTHESIOLOGY	972,286	84,690,768	0.011480	1,803,308	20,702	53.00
53.01	05301	PULMONARY FUNCTION TESTING	652,881	39,051,603	0.016718	449,297	7,511	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,676,110	603,394,775	0.030952	10,352,606	320,434	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,552,240	187,782,652	0.024242	296,092	7,178	55.00
56.00	05600	RADIOISOTOPE	1,216,231	54,200,898	0.022439	188,978	4,240	56.00
59.00	05900	CARDIAC CATHETERIZATION	368,505	50,776,513	0.007257	67,041	487	59.00
60.00	06000	LABORATORY	8,617,812	567,391,425	0.015188	12,391,875	188,208	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	149,645	15,235,375	0.009822	53,424	525	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	251,142	110,998,986	0.002263	3,277,316	7,417	63.00
65.00	06500	RESPIRATORY THERAPY	1,582,497	156,211,154	0.010130	18,108,794	183,442	65.00
66.00	06600	PHYSICAL THERAPY	943,205	81,753,871	0.011537	2,551,490	29,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	121,138	22,922,451	0.005285	1,196,867	6,325	67.00
68.00	06800	SPEECH PATHOLOGY	590,478	26,071,156	0.022649	742,873	16,825	68.00
69.00	06900	ELECTROCARDIOLOGY	938,845	89,248,489	0.010519	2,486,077	26,151	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,499,922	58,459,865	0.025657	3,076,070	78,923	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	666,462	340,103,600	0.001960	6,473,823	12,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,093,978	594,740,183	0.001839	15,637,153	28,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,693	1,608,968,374	0.001531	28,531,352	43,681	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	630,217	205,788,772	0.003062	0	0	73.03
74.00	07400	RENAL DIALYSIS	929,107	36,074,928	0.025755	638,924	16,455	74.00
76.00	03020	RH NBN ECMO IC	69,631	4,311,470	0.016150	515,594	8,327	76.00
76.01	03140	CARDIOLOGY	848,226	57,745,142	0.014689	144,224	2,119	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	51,499	998,140	0.051595	0	0	76.02
76.03	03950	CARDIAC CATH	2,554,408	171,903,330	0.014860	1,674,927	24,889	76.03
76.04	03951	DAY SURGERY	441,886	17,469,415	0.025295	690	17	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	112,830	12,428,619	0.009078	277,630	2,520	76.08
76.97	07697	CARDIAC REHABILITATION	163,347	3,953,507	0.041317	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	348,419	6,699,454	0.052007	2,191	114	90.01
90.02	09002	IUSCC HEM/ONC	2,639,906	129,618,128	0.020367	12,064	246	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	355,744	4,891,527	0.072727	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	175,299	1,056,270	0.165960	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	433,826	28,148,135	0.015412	378,335	5,831	90.06
90.07	09007	AMB SVC-RILEY CLINICS	826,324	17,491,371	0.047242	47,257	2,233	90.07
90.08	09008	MOTILITY LAB	63,159	1,232,132	0.051260	3,575	183	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	282,699	22,584,136	0.012518	0	0	90.11
90.12	09024	OP CARE ADULTS	0	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	9,884	5,688,558	0.001738	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	186,478	1,965,868	0.094858	343	33	90.17
90.18	09016	DERMATOLOGY CLINIC	139,339	7,761,456	0.017953	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	12,323	13,692,469	0.000900	0	0	90.19
90.20	09025	IUMG - MH	55,504	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	32,338	540,567	0.059822	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	15,337	3,401,809	0.004508	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	245,116	2,985,042	0.082115	258	21	90.23
90.24	09021	LIFE CARE CLINIC	116,809	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	2,991,362	636,435,768	0.004700	6,575,363	30,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,135,922	100,521,851	0.011300	151,172	1,708	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)	88,948,879	7,513,101,903		141,944,193	1,588,131	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part III Date/Time Prepared: 7/2/2020 10:55 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	617,174	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	49,405	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	46,512	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	82,271	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	5,960	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	11,117	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	29,025	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	5,662	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	8,857	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	13,828	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,259	0	41.00
43.00	04300	NURSERY	0	0	0	12,665	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	884,735	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	617,174	247,776	2.49	11,600	30.00
31.00	03100	INTENSIVE CARE UNIT		49,405	18,057	2.74	9,086	31.00
32.00	03200	CORONARY CARE UNIT		46,512	16,309	2.85	1,016	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		82,271	30,462	2.70	2,583	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		5,960	2,206	2.70	55	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 6IC		11,117	4,044	2.75	0	34.02
34.03	03402	UH NS 3IC		0	0	0.00	0	34.03
34.04	03403	RH PED IC		29,025	10,161	2.86	2,768	34.04
34.05	03404	TRANSPLANT ICU		5,662	2,035	2.78	0	34.05
34.06	03407	PEDS CANCER CARE		8,857	3,198	2.77	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	13,828	5,236	2.64	366	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,259	855	2.64	89	41.00
43.00	04300	NURSERY		12,665	4,797	2.64	3,908	43.00
200.00		Total (lines 30 through 199)		884,735	345,136		31,471	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	28,884	30.00
31.00	03100	INTENSIVE CARE UNIT	24,896	31.00
32.00	03200	CORONARY CARE UNIT	2,896	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,974	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	149	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 6IC	0	34.02
34.03	03402	UH NS 3IC	0	34.03
34.04	03403	RH PED IC	7,916	34.04
34.05	03404	TRANSPLANT ICU	0	34.05
34.06	03407	PEDS CANCER CARE	0	34.06
40.00	04000	SUBPROVIDER - IPF	966	40.00
41.00	04100	SUBPROVIDER - IRF	235	41.00
43.00	04300	NURSERY	10,317	43.00
200.00		Total (lines 30 through 199)	83,233	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 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	599,397	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	103	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,701	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	22	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	128	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	38	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	40	59.00
60.00	06000	LABORATORY	0	0	0	0	951	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	24	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,594	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	67	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	106	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	3,234,498	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	525	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	247	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	317	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	5	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	429	76.03
76.04	03951	DAY SURGERY	0	0	0	0	325	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	9	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,574	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	726	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	238	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	380	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	3,087	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	3,859,390	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	599,397	599,397	1,091,555,554	0.000549	50.00
50.01	05001	ENDOSCOPY	0	103	103	34,677,748	0.000003	50.01
51.00	05100	RECOVERY ROOM	0	709	709	141,623,828	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	57,854,771	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,701	5,701	84,690,768	0.000067	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	22	22	39,051,603	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,128	3,128	603,394,775	0.000005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	128	128	187,782,652	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	38	38	54,200,898	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	40	40	50,776,513	0.000001	59.00
60.00	06000	LABORATORY	0	951	951	567,391,425	0.000002	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	15,235,375	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	24	24	110,998,986	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,594	1,594	156,211,154	0.000010	65.00
66.00	06600	PHYSICAL THERAPY	0	67	67	81,753,871	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,922,451	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	6	26,071,156	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	106	106	89,248,489	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	58,459,865	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	340,103,600	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	594,740,183	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,234,498	3,234,498	1,608,968,374	0.002010	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	205,788,772	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	525	525	36,074,928	0.000015	74.00
76.00	03020	RH NBN ECMO IC	0	247	247	4,311,470	0.000057	76.00
76.01	03140	CARDIOLOGY	0	317	317	57,745,142	0.000005	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5	5	998,140	0.000005	76.02
76.03	03950	CARDIAC CATH	0	429	429	171,903,330	0.000002	76.03
76.04	03951	DAY SURGERY	0	325	325	17,469,415	0.000019	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	12,428,619	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,953,507	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	9	9	6,699,454	0.000001	90.01
90.02	09002	IUSCC HEM/ONC	0	6,574	6,574	129,618,128	0.000051	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	4,891,527	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,056,270	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	28,148,135	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	726	726	17,491,371	0.000042	90.07
90.08	09008	MOTILITY LAB	0	1	1	1,232,132	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	22,584,136	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	238	238	5,688,558	0.000042	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	1,965,868	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	7,761,456	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	380	380	13,692,469	0.000028	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	540,567	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,401,809	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,985,042	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,087	3,087	636,435,768	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	100,521,851	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	3,859,390	3,859,390	7,513,101,903		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part IV Date/Time Prepared: 7/2/2020 10:55 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	0.000549	20,084,290	11,026	0	0	50.00
50.01	05001	ENDOSCOPY	0.000003	645,292	2	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000005	1,589,925	8	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,517,703	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000067	1,803,308	121	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	449,297	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000005	10,352,606	52	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	296,092	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	188,978	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	67,041	0	0	0	59.00
60.00	06000	LABORATORY	0.000002	12,391,875	25	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	53,424	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	3,277,316	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000010	18,108,794	181	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	2,551,490	3	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,196,867	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	742,873	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	2,486,077	2	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,076,070	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,473,823	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,637,153	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002010	28,531,352	57,348	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000015	638,924	10	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000057	515,594	29	0	0	76.00
76.01	03140	CARDIOLOGY	0.000005	144,224	1	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	1,674,927	3	0	0	76.03
76.04	03951	DAY SURGERY	0.000019	690	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	277,630	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	0.000001	2,191	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000051	12,064	1	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000000	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	378,335	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000042	47,257	2	0	0	90.07
90.08	09008	MOTILITY LAB	0.000001	3,575	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	0.000042	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000001	343	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000028	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	258	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	6,575,363	33	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	151,172	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)		141,944,193	68,847	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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	0.116336	0	11,588,408	0	0	50.00
50.01	05001	ENDOSCOPY	0.109035	0	150,137	0	0	50.01
51.00	05100	RECOVERY ROOM	0.138402	0	3,140,372	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	0	416,863	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	0	1,064,202	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	0	1,783,026	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	0	7,506,073	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	0	3,770,090	0	0	55.00
56.00	05600	RADIOISOTOPE	0.078982	0	545,286	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	0	181,041	0	0	59.00
60.00	06000	LABORATORY	0.174275	0	8,798,698	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	0	84,762	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.	0.137686	0	481,481	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	0	485,109	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	0	1,289,310	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	0	411,269	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	0	932,866	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	0	1,494,398	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	0	1,431,998	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	0	2,938,587	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	0	3,807,754	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	0	37,746,786	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	0	386,128	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.446110	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.066656	0	157,372	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.083566	0	1,748,163	0	0	76.03
76.04	03951	DAY SURGERY	0.512494	0	220,132	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	0.202327	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	0	22,215	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	0.496536	0	196,192	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	0	1,695,808	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	0	64,722	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	0	153	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	0	256,008	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	0	1,537,189	0	0	90.07
90.08	09008	MOTILITY LAB	0.240208	0	158,211	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	0.259147	0	470,109	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	0.112449	0	70,998	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	0.938887	0	27,182	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885	0	32,010	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	0	17,887	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.490156	0	207,284	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	0	41,138	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.095484	0	18,046,115	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	0	4,933,093	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.205636	0	11,727,259			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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	132,063,884	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	132,063,884	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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	1,348,149	0		50.00
50.01	05001	ENDOSCOPY	16,370	0		50.01
51.00	05100	RECOVERY ROOM	434,634	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	93,763	0		52.00
53.00	05300	ANESTHESIOLOGY	110,584	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	319,522	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,106,005	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	329,370	0		55.00
56.00	05600	RADIOISOTOPE	43,068	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	12,247	0		59.00
60.00	06000	LABORATORY	1,533,393	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	18,186	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,293	0		63.00
65.00	06500	RESPIRATORY THERAPY	116,073	0		65.00
66.00	06600	PHYSICAL THERAPY	476,797	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	114,098	0		67.00
68.00	06800	SPEECH PATHOLOGY	309,616	0		68.00
69.00	06900	ELECTROCARDIOLOGY	111,113	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	295,915	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	762,575	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	929,941	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,860,051	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	102,229	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	10,490	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	146,087	0		76.03
76.04	03951	DAY SURGERY	112,816	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	7,958	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	97,416	0		90.01
90.02	09002	IUSCC HEM/ONC	447,439	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	14,177	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	303	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	40,017	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	385,790	0		90.07
90.08	09008	MOTILITY LAB	38,004	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	121,827	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	7,984	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	25,521	0		90.17
90.18	09016	DERMATOLOGY CLINIC	6,718	0		90.18
90.19	09017	INFUSION/HEM/ONC	1,784	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	101,601	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	35,974	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	1,723,115	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	972,850	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	2,411,547			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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)	23,219,410	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	23,219,410	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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	0.116336	0	323,008	0	0	50.00
50.01	05001	ENDOSCOPY	0.109035	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.138402	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	0	14,190	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.078982	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	0	0	0	0	59.00
60.00	06000	LABORATORY	0.174275	0	8,856	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	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.	0.137686	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	0	282	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	0	10,736	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	0	56,139	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.446110	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.066656	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.083566	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0.512494	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	0.202327	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	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	0.496536	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	0	3,875	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.240208	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	0.259147	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	0.112449	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	0.938887	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	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	0.490156	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	0	18,898	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.095484	0	3,358	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	0	33,347	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 01/01/2019
To 12/31/2019

Worksheet D
Part V
Date/Time Prepared:
7/2/2020 10:55 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	0.205636		0			95.00
200.00		Subtotal (see instructions)		0	472,689	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	472,689	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V | Date/Time Prepared: 7/2/2020 10:55 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	37,577	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	2,091	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	1,543	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	78	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,219	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	11,690	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	7,678	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	11,118	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	321	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,576	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 01/01/2019
To 12/31/2019

Worksheet D
Part V
Date/Time Prepared:
7/2/2020 10:55 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)	80,891	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	80,891	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V Date/Time Prepared: 7/2/2020 10:55 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	0.116336	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.109035	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.138402	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.078982	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	0	0	0	0	59.00
60.00	06000	LABORATORY	0.174275	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	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.	0.137686	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	0	3,260	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	0	20,516	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.446110	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.066656	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.083566	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0.512494	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	0.202327	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	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	0.496536	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	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	0.156311	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.240208	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	0.259147	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	0.112449	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	0.938887	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	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	0.490156	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.095484	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	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 01/01/2019
To 12/31/2019

Worksheet D
Part V
Date/Time Prepared:
7/2/2020 10:55 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	0.205636		0			95.00
200.00		Subtotal (see instructions)		0	23,776	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	23,776	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D Part V | Date/Time Prepared: 7/2/2020 10:55 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	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	1,206	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	6,809	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	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 01/01/2019
To 12/31/2019

Worksheet D
Part V
Date/Time Prepared:
7/2/2020 10:55 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	
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	8,015	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	8,015	0	202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/2/2020 10:55 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)	247,776	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	247,776	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)	229,714	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) (see instructions)	61,359	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)	271,945,188	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)	271,945,188	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)	271,945,188	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)	1,097.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	67,343,957	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)	67,343,957	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 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	28,845,748	18,057	1,597.48	5,757	9,196,692	43.00
44.00	CORONARY CARE UNIT	31,204,177	16,309	1,913.31	3,863	7,391,117	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	40,598,509	30,462	1,332.76	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	4,258,960	2,206	1,930.63	7	13,514	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	7,540,142	4,044	1,864.53	1,453	2,709,162	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	20,003,830	10,161	1,968.69	43	84,654	46.04
46.05	TRANSPLANT ICU	4,068,744	2,035	1,999.38	730	1,459,547	46.05
46.06	PEDS CANCER CARE	5,498,583	3,198	1,719.38	140	240,713	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)	151,427,156	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	239,866,512	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)	5,043,956	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	10,376,899	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	15,420,855	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	224,445,657	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)	18,062	87.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 am

Title XVIII | Hospital | PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,097.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	19,823,767	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	15,582,832	271,945,188	0.057301	19,823,767	1,135,922	90.00
91.00	Nursing School cost	0	271,945,188	0.000000	19,823,767	0	91.00
92.00	Allied health cost	617,174	271,945,188	0.002269	19,823,767	44,980	92.00
93.00	All other Medical Education	0	271,945,188	0.000000	19,823,767	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
Component CCN: 15-S056		Date/Time Prepared: 7/2/2020 10:55 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)	5,236	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,236	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,236	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) (see instructions)	1,255	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)	8,241,922	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)	8,241,922	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)	8,241,922	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)	1,574.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,975,483	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)	1,975,483	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 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)	361,737	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,337,220	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)	150,612	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	17,264	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	167,876	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,169,344	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/2/2020 10:55 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 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	614,531	8,241,922	0.074562	0	0	90.00
91.00	Nursing School cost	0	8,241,922	0.000000	0	0	91.00
92.00	Allied health cost	13,828	8,241,922	0.001678	0	0	92.00
93.00	All other Medical Education	0	8,241,922	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/2/2020 10:55 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)	855	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	855	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)	855	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) (see instructions)	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)	1,109,777	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)	1,109,777	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)	1,109,777	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)	1,297.98	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 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/2/2020 10:55 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 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	114,813	1,109,777	0.103456	0	0	90.00
91.00	Nursing School cost	0	1,109,777	0.000000	0	0	91.00
92.00	Allied health cost	2,259	1,109,777	0.002036	0	0	92.00
93.00	All other Medical Education	0	1,109,777	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 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)	247,776	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	247,776	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)	229,714	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) (see instructions)	11,600	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)	4,797	15.00
16.00	Nursery days (title V or XIX only)	3,908	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)	271,945,188	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)	271,945,188	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)	271,945,188	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)	1,097.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	12,731,464	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)	12,731,464	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 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)	2,544,792	4,797	530.50	3,908	2,073,194	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	28,845,748	18,057	1,597.48	9,086	14,514,703	43.00
44.00	CORONARY CARE UNIT	31,204,177	16,309	1,913.31	1,016	1,943,923	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	40,598,509	30,462	1,332.76	2,583	3,442,519	44.01
45.00	BURN INTENSIVE CARE UNIT	4,258,960	2,206	1,930.63	55	106,185	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	7,540,142	4,044	1,864.53	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	20,003,830	10,161	1,968.69	2,768	5,449,334	46.04
46.05	TRANSPLANT ICU	4,068,744	2,035	1,999.38	0	0	46.05
46.06	PEDS CANCER CARE	5,498,583	3,198	1,719.38	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)	26,885,056	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	67,146,378	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,039,804	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,656,978	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,696,782	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	63,449,596	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)	18,062	87.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 am

Title XIX | Hospital | PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,097.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	19,823,767	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	15,582,832	271,945,188	0.057301	19,823,767	1,135,922	90.00
91.00	Nursing School cost	0	271,945,188	0.000000	19,823,767	0	91.00
92.00	Allied health cost	617,174	271,945,188	0.002269	19,823,767	44,980	92.00
93.00	All other Medical Education	0	271,945,188	0.000000	19,823,767	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
Component CCN: 15-S056		Date/Time Prepared: 7/2/2020 10:55 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)	5,236	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,236	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,236	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) (see instructions)	366	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)	4,797	15.00
16.00	Nursery days (title V or XIX only)	3,908	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)	8,241,922	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)	8,241,922	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)	8,241,922	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)	1,574.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	576,117	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)	576,117	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 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)	56,629	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	632,746	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)	43,923	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)	43,923	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	588,823	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/2/2020 10:55 am
	Title XIX	Subprovider - IPF	

	Cost Center Description	1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 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 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/2/2020 10:55 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)	855	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	855	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)	855	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) (see instructions)	89	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)	4,797	15.00
16.00	Nursery days (title V or XIX only)	3,908	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)	1,109,777	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)	1,109,777	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)	1,109,777	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)	1,297.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	115,520	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)	115,520	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-1 | Date/Time Prepared: 7/2/2020 10:55 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)	107,938	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	223,458	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	12,186	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)	12,186	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	211,272	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/2/2020 10:55 am
	Title XIX	Subprovider - IRF	

	Cost Center Description	1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 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 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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		214,300,373		30.00
31.00	03100	INTENSIVE CARE UNIT		34,750,921		31.00
32.00	03200	CORONARY CARE UNIT		24,254,003		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		27,951		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		8,989,389		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		279,663		34.04
34.05	03404	TRANSPLANT ICU		4,264,943		34.05
34.06	03407	PEDS CANCER CARE		475,956		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	0.116336	175,608,057	20,429,539	50.00
50.01	05001	ENDOSCOPY	0.109035	7,452,591	812,593	50.01
51.00	05100	RECOVERY ROOM	0.138402	13,626,411	1,885,923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	510,775	114,887	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	13,198,989	1,371,547	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	357,098	63,993	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	68,209,603	10,050,549	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	2,730,259	238,526	55.00
56.00	05600	RADIOISOTOPE	0.078982	2,290,949	180,944	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	5,827,423	394,208	59.00
60.00	06000	LABORATORY	0.174275	70,669,240	12,315,882	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	605,162	129,841	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137686	19,186,958	2,641,775	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	26,739,805	6,398,060	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	15,661,293	5,791,671	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	3,781,818	1,049,186	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	2,134,529	708,446	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	12,337,439	917,326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	6,967,082	1,439,713	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	57,582,687	14,942,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	119,579,153	29,203,979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	146,571,414	30,520,712	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	8,249,612	2,184,118	74.00
76.00	03020	RH NBN ECMO IC	0.446110	0	0	76.00
76.01	03140	CARDIOLOGY	0.066656	6,158,035	410,470	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	12,818	22,020	76.02
76.03	03950	CARDIAC CATH	0.083566	16,919,271	1,413,876	76.03
76.04	03951	DAY SURGERY	0.512494	192,250	98,527	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	0.202327	1,592,770	322,260	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	2,933	1,051	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	0.496536	2,518	1,250	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	570,166	150,438	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	1,320	289	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	4,622,789	722,593	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	3,309	830	90.07
90.08	09008	MOTILITY LAB	0.240208	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	0.259147	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	0.112449	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	0.938887	6,222	5,842	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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	0.209885	675	142	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	13,965	1,393	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.490156	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	4,325	3,782	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.095569	45,968,779	4,393,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	470,807	92,847	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)		856,421,299	151,427,156	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)		856,421,299		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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		3,392,882		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	0.116336	224,128	26,074	50.00
50.01	05001	ENDOSCOPY	0.109035	0	0	50.01
51.00	05100	RECOVERY ROOM	0.138402	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	50,823	7,489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	0	0	55.00
56.00	05600	RADIOISOTOPE	0.078982	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	205	14	59.00
60.00	06000	LABORATORY	0.174275	131,582	22,931	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137686	2,757	380	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	12,672	3,032	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	45,419	16,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	9,858	2,735	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	7,610	2,526	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	12,715	945	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	2,249	465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	1,942	504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	605,856	126,158	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	12,348	3,269	74.00
76.00	03020	RH NBN ECMO IC	0.446110	0	0	76.00
76.01	03140	CARDIOLOGY	0.066656	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	71,074	122,100	76.02
76.03	03950	CARDIAC CATH	0.083566	205	17	76.03
76.04	03951	DAY SURGERY	0.512494	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	0.202327	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	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	0.496536	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	5,716	893	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	0	0	90.07
90.08	09008	MOTILITY LAB	0.240208	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	0.259147	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	0.112449	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 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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	0.938887	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.490156	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.095569	265,866	25,409	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	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)		1,463,025	361,737	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)		1,463,025		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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		44,238,896		30.00
31.00	03100	INTENSIVE CARE UNIT		5,021,490		31.00
32.00	03200	CORONARY CARE UNIT		4,424,544		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		30,124,238		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		815,155		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		487,940		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		11,179,566		34.04
34.05	03404	TRANSPLANT ICU		46,701		34.05
34.06	03407	PEDS CANCER CARE		449,916		34.06
40.00	04000	SUBPROVIDER - IPF		27,510		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		1,709,362		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.116336	20,084,290	2,336,526	50.00
50.01	05001	ENDOSCOPY	0.109035	645,292	70,359	50.01
51.00	05100	RECOVERY ROOM	0.138402	1,589,925	220,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	1,517,703	341,371	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	1,803,308	187,387	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	449,297	80,515	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	10,352,606	1,525,436	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	296,092	25,868	55.00
56.00	05600	RADIOISOTOPE	0.078982	188,978	14,926	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	67,041	4,535	59.00
60.00	06000	LABORATORY	0.174275	12,391,875	2,159,594	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	53,424	11,462	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137686	3,277,316	451,241	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	18,108,794	4,332,909	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	2,551,490	943,561	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	1,196,867	332,046	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	742,873	246,558	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	2,486,077	184,847	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	3,076,070	635,654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	6,473,823	1,679,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	15,637,153	3,818,952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	28,531,352	5,941,112	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	638,924	169,158	74.00
76.00	03020	RH NBN ECMO IC	0.446110	515,594	230,012	76.00
76.01	03140	CARDIOLOGY	0.066656	144,224	9,613	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	0	0	76.02
76.03	03950	CARDIAC CATH	0.083566	1,674,927	139,967	76.03
76.04	03951	DAY SURGERY	0.512494	690	354	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	0.202327	277,630	56,172	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	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	0.496536	2,191	1,088	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	12,064	3,183	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	378,335	59,138	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	47,257	11,860	90.07
90.08	09008	MOTILITY LAB	0.240208	3,575	859	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	0.259147	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	0.112449	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	0.938887	343	322	90.17

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		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.18	09016	DERMATOLOGY CLINIC	0.209885	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.490156	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	258	226	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.095569	6,575,363	628,401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	151,172	29,812	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)		141,944,193	26,885,056	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		141,944,193		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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		949,335		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	0.116336	12,358	1,438	50.00
50.01	05001	ENDOSCOPY	0.109035	0	0	50.01
51.00	05100	RECOVERY ROOM	0.138402	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	15,950	2,350	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	0	0	55.00
56.00	05600	RADIOISOTOPE	0.078982	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	0	0	59.00
60.00	06000	LABORATORY	0.174275	38,545	6,717	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137686	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	2,219	531	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	3,278	1,212	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	4,994	1,385	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	4,479	1,487	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	3,285	244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	2,249	465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	1,160	301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	125,144	26,059	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.446110	0	0	76.00
76.01	03140	CARDIOLOGY	0.066656	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	2,884	4,955	76.02
76.03	03950	CARDIAC CATH	0.083566	0	0	76.03
76.04	03951	DAY SURGERY	0.512494	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	0.202327	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	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	0.496536	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	0	0	90.07
90.08	09008	MOTILITY LAB	0.240208	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	0.259147	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	0.112449	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 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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	0.938887	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.490156	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.095569	99,251	9,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	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)		315,796	56,629	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)		315,796		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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		302,920		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.116336	0	0	50.00
50.01	05001	ENDOSCOPY	0.109035	0	0	50.01
51.00	05100	RECOVERY ROOM	0.138402	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224926	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103913	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179202	8,826	1,582	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147348	3,458	510	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087364	0	0	55.00
56.00	05600	RADIOISOTOPE	0.078982	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.067647	0	0	59.00
60.00	06000	LABORATORY	0.174275	983	171	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.214555	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137686	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.239271	1,076	257	65.00
66.00	06600	PHYSICAL THERAPY	0.369808	108,726	40,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277429	144,798	40,171	67.00
68.00	06800	SPEECH PATHOLOGY	0.331898	49,632	16,473	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074353	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206645	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259504	898	233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244223	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208231	37,836	7,879	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.922500	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.264754	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.446110	0	0	76.00
76.01	03140	CARDIOLOGY	0.066656	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.717932	0	0	76.02
76.03	03950	CARDIAC CATH	0.083566	0	0	76.03
76.04	03951	DAY SURGERY	0.512494	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	0.202327	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.358208	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	0.496536	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.263850	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.219046	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.981338	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.156311	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.250971	0	0	90.07
90.08	09008	MOTILITY LAB	0.240208	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	0.259147	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	0.112449	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 01/01/2019 To 12/31/2019 | Worksheet D-3 | Date/Time Prepared: 7/2/2020 10:55 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	0.938887	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.209885	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.099763	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.490156	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.588290	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.874463	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.095569	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197209	2,304	454	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)		358,537	107,938	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)		358,537		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	563,566	1,097.54	170	186,582	1.00
2.00	INTENSIVE CARE UNIT	43.00	67,631	1,597.48	9	14,377	2.00
3.00	CORONARY CARE UNIT	44.00	6,955	1,913.31	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,332.76	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,930.63	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	1,864.53	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	23,460	1,968.69	2	3,937	5.04
5.05	TRANSPLANT ICU	46.05	0	1,999.38	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,719.38	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)		661,612		181	204,896	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	0.116336	4,184,289	486,783	8.00
8.01	ENDOSCOPY	50.01	0.109035	44,727	4,877	8.01
9.00	RECOVERY ROOM	51.00	0.138402	213,573	29,559	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.224926	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103913	291,126	30,252	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.179202	85,654	15,349	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147348	680,679	100,297	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087364	48	4	13.00
14.00	RADIOISOTOPE	56.00	0.078982	1,200,316	94,803	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	0.067647	1,513	102	17.00
18.00	LABORATORY	60.00	0.174275	1,088,164	189,640	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.214555	6,399,170	1,372,974	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	0.137686	94,203	12,970	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.239271	65,350	15,636	23.00
24.00	PHYSICAL THERAPY	66.00	0.369808	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.277429	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.331898	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074353	290,237	21,580	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.206645	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259504	1,046,238	271,503	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.244223	63,447	15,495	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208231	1,133,651	236,061	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.922500	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.264754	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	0.446110	0	0	34.00
34.01	CARDIOLOGY	76.01	0.066656	240,273	16,016	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1.717932	0	0	34.02
34.03	CARDIAC CATH	76.03	0.083566	1,480,014	123,679	34.03
34.04	DAY SURGERY	76.04	0.512494	27,677	14,184	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	0.202327	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.358208	10,808	3,872	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	0.496536	3,164	1,571	37.01
37.02	IUSCC HEM/ONC	90.02	0.263850	1,848	488	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.219046	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.981338	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.156311	75,560	11,811	37.06

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	
37.07	AMB SVC-RILEY CLINICS	90.07	0.250971	0	0	37.07
37.08	MOTILITY LAB	90.08	0.240208	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	0.259147	53,892	13,966	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	0.112449	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	0.938887	131	123	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.209885	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.099763	29	3	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.490156	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.588290	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.874463	6,612	5,782	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.095484	88	8	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197209	4,666	920	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			18,787,147	3,090,308	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	170	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	9	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	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)			181	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	3,164	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	1,848	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	75,560	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	53,892	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	131	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 am

Kidney | 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	
51.19	INFUSION/HEM/ONC	23.19	29	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	6,612	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	88	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	4,666	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)		145,990		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	3,295,204		19,448,759		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)	17,172,713		17,082,492		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)	20,467,917		36,531,251		61.00
62.00	Total Usable Organs (see instructions)		299			62.00
63.00	Medicare Usable Organs (see instructions)		188			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.628763			64.00
65.00	Medicare Cost/Charges (see instructions)	12,869,469		22,969,499		65.00
66.00	Revenue for Organs Sold	371,605		0		66.00
67.00	Subtotal (line 65 minus line 66)	12,497,864		22,969,499		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	12,497,864	0	22,969,499	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)	67	55		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	183		73.00
74.00	Total (sum of lines 70 through 73)	67	238		74.00
75.00	Organs Transplanted	61	177	1,608,036	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	6	55	371,605	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)	67	238		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	7,881	1,097.54	1	1,098	1.00
2.00	INTENSIVE CARE UNIT	43.00	33,125	1,597.48	4	6,390	2.00
3.00	CORONARY CARE UNIT	44.00	3,407	1,913.31	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,332.76	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,930.63	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	1,864.53	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	11,491	1,968.69	1	1,969	5.04
5.05	TRANSPLANT ICU	46.05	0	1,999.38	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,719.38	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)		55,904		6	9,457	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	0.116336	306,193	35,621	8.00
8.01	ENDOSCOPY	50.01	0.109035	19,190	2,092	8.01
9.00	RECOVERY ROOM	51.00	0.138402	38	5	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.224926	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103913	14,029	1,458	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.179202	310,700	55,678	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147348	310,233	45,712	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087364	6	1	13.00
14.00	RADIOISOTOPE	56.00	0.078982	28,075	2,217	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	0.067647	147	10	17.00
18.00	LABORATORY	60.00	0.174275	1,053,889	183,667	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.214555	1,080,406	231,807	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	0.137686	38,459	5,295	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.239271	27,611	6,607	23.00
24.00	PHYSICAL THERAPY	66.00	0.369808	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.277429	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.331898	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074353	164,563	12,236	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.206645	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259504	15,077	3,913	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.244223	669	163	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208231	87,864	18,296	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.922500	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.264754	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	0.446110	0	0	34.00
34.01	CARDIOLOGY	76.01	0.066656	171,652	11,442	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1.717932	0	0	34.02
34.03	CARDIAC CATH	76.03	0.083566	753,558	62,972	34.03
34.04	DAY SURGERY	76.04	0.512494	151	77	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	0.202327	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.358208	9,069	3,249	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	0.496536	837	416	37.01
37.02	IUSCC HEM/ONC	90.02	0.263850	420	111	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.219046	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.981338	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.156311	2,334	365	37.06

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	
37.07	AMB SVC-RILEY CLINICS	90.07	0.250971	0	0	37.07
37.08	MOTILITY LAB	90.08	0.240208	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	0.259147	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	0.112449	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	0.938887	16	15	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.209885	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.099763	9	1	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.490156	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.588290	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.874463	1,704	1,490	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.095484	10	1	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197209	1,646	325	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			4,398,555	685,242	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	837	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	420	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	2,334	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	16	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	
51.19	INFUSION/HEM/ONC	23.19	9	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	1,704	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	10	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1,646	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		6,976		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	694,699		4,454,459		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)	12,714,286		12,052,242		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)	13,408,985		16,506,701		61.00
62.00	Total Usable Organs (see instructions)		179			62.00
63.00	Medicare Usable Organs (see instructions)		53			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.296089			64.00
65.00	Medicare Cost/Charges (see instructions)	3,970,253		4,887,453		65.00
66.00	Revenue for Organs Sold	134,122		0		66.00
67.00	Subtotal (line 65 minus line 66)	3,836,131		4,887,453		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,836,131	0	4,887,453	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	27		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	155		73.00
74.00	Total (sum of lines 70 through 73)	0	182		74.00
75.00	Organs Transplanted	0	152	755,058	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	27	134,122	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	182		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	5,582	1,097.54	1	1,098	1.00
2.00	INTENSIVE CARE UNIT	43.00	23,464	1,597.48	3	4,792	2.00
3.00	CORONARY CARE UNIT	44.00	2,413	1,913.31	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,332.76	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,930.63	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	1,864.53	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	8,139	1,968.69	1	1,969	5.04
5.05	TRANSPLANT ICU	46.05	0	1,999.38	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,719.38	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)		39,598		5	7,859	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	0.116336	216,727	25,213	8.00
8.01	ENDOSCOPY	50.01	0.109035	13,593	1,482	8.01
9.00	RECOVERY ROOM	51.00	0.138402	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.224926	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103913	10,860	1,128	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.179202	43,492	7,794	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147348	28,090	4,139	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087364	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.078982	0	0	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	0.067647	5	0	17.00
18.00	LABORATORY	60.00	0.174275	52,788	9,200	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.214555	790,431	169,591	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	0.137686	26,913	3,706	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.239271	19,403	4,643	23.00
24.00	PHYSICAL THERAPY	66.00	0.369808	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.277429	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.331898	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074353	18,703	1,391	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.206645	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259504	10,364	2,689	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.244223	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208231	78,650	16,377	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.922500	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.264754	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	0.446110	0	0	34.00
34.01	CARDIOLOGY	76.01	0.066656	7,137	476	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1.717932	0	0	34.02
34.03	CARDIAC CATH	76.03	0.083566	165,899	13,864	34.03
34.04	DAY SURGERY	76.04	0.512494	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	0.202327	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.358208	507	182	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	0.496536	300	149	37.01
37.02	IUSCC HEM/ONC	90.02	0.263850	9	2	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.219046	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.981338	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.156311	4,806	751	37.06

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	
37.07	AMB SVC-RILEY CLINICS	90.07	0.250971	0	0	37.07
37.08	MOTILITY LAB	90.08	0.240208	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	0.259147	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	0.112449	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	0.938887	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.209885	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.099763	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.490156	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.588290	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.874463	586	512	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.095484	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197209	41	8	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			1,489,304	263,297	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	300	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	9	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	4,806	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

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 am

Heart | 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	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	586	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	41	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		5,742		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	271,156		1,528,902		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,360,040		2,699,708		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,631,196		4,228,610		61.00
62.00	Total Usable Organs (see instructions)		38			62.00
63.00	Medicare Usable Organs (see instructions)		20			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.526316			64.00
65.00	Medicare Cost/Charges (see instructions)	1,384,841		2,225,585		65.00
66.00	Revenue for Organs Sold	95,003		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,289,838		2,225,585		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,289,838	0	2,225,585	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	17		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	21		73.00
74.00	Total (sum of lines 70 through 73)	0	38		74.00
75.00	Organs Transplanted	0	21	117,357	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	17	95,003	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	38		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 am

Lung | 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	7,224	1,097.54	1	1,098	1.00
2.00	INTENSIVE CARE UNIT	43.00	30,365	1,597.48	4	6,390	2.00
3.00	CORONARY CARE UNIT	44.00	3,123	1,913.31	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,332.76	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,930.63	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	1,864.53	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	10,533	1,968.69	1	1,969	5.04
5.05	TRANSPLANT ICU	46.05	0	1,999.38	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,719.38	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)		51,245		6	9,457	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	0.116336	287,290	33,422	8.00
8.01	ENDOSCOPY	50.01	0.109035	138,361	15,086	8.01
9.00	RECOVERY ROOM	51.00	0.138402	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.224926	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103913	13,577	1,411	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.179202	527,879	94,597	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147348	291,986	43,024	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087364	3	0	13.00
14.00	RADIOISOTOPE	56.00	0.078982	248,439	19,622	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	0.067647	169	11	17.00
18.00	LABORATORY	60.00	0.174275	252,596	44,021	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.214555	643,193	138,000	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	0.137686	34,995	4,818	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.239271	28,236	6,756	23.00
24.00	PHYSICAL THERAPY	66.00	0.369808	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.277429	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.331898	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074353	52,916	3,934	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.206645	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259504	13,413	3,481	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.244223	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208231	79,815	16,620	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.922500	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.264754	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	0.446110	0	0	34.00
34.01	CARDIOLOGY	76.01	0.066656	36,801	2,453	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1.717932	0	0	34.02
34.03	CARDIAC CATH	76.03	0.083566	598,598	50,022	34.03
34.04	DAY SURGERY	76.04	0.512494	2	1	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	0.202327	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.358208	4,364	1,563	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	0.496536	1,205	598	37.01
37.02	IUSCC HEM/ONC	90.02	0.263850	85	22	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.219046	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.981338	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.156311	12,271	1,918	37.06

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 am

Lung | 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	
37.07	AMB SVC-RILEY CLINICS	90.07	0.250971	0	0	37.07
37.08	MOTILITY LAB	90.08	0.240208	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	0.259147	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	0.112449	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	0.938887	8	8	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.209885	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.099763	2	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.490156	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.588290	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.874463	2,403	2,101	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.095484	181	17	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197209	455	90	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			3,269,243	483,596	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	1,205	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	85	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	12,271	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	8	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	
51.19	INFUSION/HEM/ONC	23.19	2	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	2,403	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	181	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	455	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)		16,610		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	493,053		3,320,488		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,535,539		3,319,125		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)	4,028,592		6,639,613		61.00
62.00	Total Usable Organs (see instructions)		52			62.00
63.00	Medicare Usable Organs (see instructions)		35			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.673077			64.00
65.00	Medicare Cost/Charges (see instructions)	2,711,553		4,468,971		65.00
66.00	Revenue for Organs Sold	122,945		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,588,608		4,468,971		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,588,608	0	4,468,971	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	23		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	30		73.00
74.00	Total (sum of lines 70 through 73)	0	53		74.00
75.00	Organs Transplanted	0	29	155,018	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	23	122,945	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	53		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	1,642	1,097.54	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,901	1,597.48	1	1,597	2.00
3.00	CORONARY CARE UNIT	44.00	710	1,913.31	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,332.76	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,930.63	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	1,864.53	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	2,394	1,968.69	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,999.38	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,719.38	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)		11,647		1	1,597	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	0.116336	63,744	7,416	8.00
8.01	ENDOSCOPY	50.01	0.109035	3,998	436	8.01
9.00	RECOVERY ROOM	51.00	0.138402	3	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.224926	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103913	3,206	333	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.179202	1,049	188	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147348	5,222	769	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087364	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.078982	11,571	914	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	0.067647	0	0	17.00
18.00	LABORATORY	60.00	0.174275	12,089	2,107	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.214555	180,312	38,687	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	0.137686	7,915	1,090	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.239271	5,706	1,365	23.00
24.00	PHYSICAL THERAPY	66.00	0.369808	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.277429	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.331898	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074353	6,386	475	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.206645	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259504	3,064	795	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.244223	20	5	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208231	18,255	3,801	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.922500	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.264754	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	0.446110	0	0	34.00
34.01	CARDIOLOGY	76.01	0.066656	3,249	217	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1.717932	0	0	34.02
34.03	CARDIAC CATH	76.03	0.083566	4,627	387	34.03
34.04	DAY SURGERY	76.04	0.512494	10	5	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	0.202327	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.358208	137	49	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	0.496536	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.263850	4	1	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.219046	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.981338	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.156311	0	0	37.06

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 am

Pancreas | 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	
37.07	AMB SVC-RILEY CLINICS	90.07	0.250971	0	0	37.07
37.08	MOTILITY LAB	90.08	0.240208	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	0.259147	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	0.112449	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	0.938887	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.209885	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.099763	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.490156	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.588290	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.874463	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.095484	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197209	4	1	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			330,571	59,041	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	4	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

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	4	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		8		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	60,638		342,218		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)	1,922,046		1,814,056		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)	1,982,684		2,156,274		61.00
62.00	Total Usable Organs (see instructions)		30			62.00
63.00	Medicare Usable Organs (see instructions)		10			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.333333			64.00
65.00	Medicare Cost/Charges (see instructions)	660,894		718,757		65.00
66.00	Revenue for Organs Sold	27,942		0		66.00
67.00	Subtotal (line 65 minus line 66)	632,952		718,757		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	632,952	0	718,757	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	8		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	25		73.00
74.00	Total (sum of lines 70 through 73)	0	33		74.00
75.00	Organs Transplanted	0	22	76,841	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	8	27,942	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	33		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 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	328	1,097.54	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,380	1,597.48	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	142	1,913.31	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,332.76	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,930.63	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	1,864.53	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	479	1,968.69	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,999.38	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,719.38	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		2,329		0	0	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	0.116336	13,061	1,519	8.00
8.01	ENDOSCOPY	50.01	0.109035	800	87	8.01
9.00	RECOVERY ROOM	51.00	0.138402	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.224926	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103913	535	56	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.179202	12,787	2,291	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147348	25,123	3,702	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087364	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.078982	0	0	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	0.067647	0	0	17.00
18.00	LABORATORY	60.00	0.174275	25,713	4,481	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.214555	34,383	7,377	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	0.137686	1,626	224	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.239271	1,144	274	23.00
24.00	PHYSICAL THERAPY	66.00	0.369808	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.277429	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.331898	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.074353	10,873	808	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.206645	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259504	610	158	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.244223	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208231	3,628	755	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.922500	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.264754	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	0.446110	0	0	34.00
34.01	CARDIOLOGY	76.01	0.066656	12,307	820	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1.717932	0	0	34.02
34.03	CARDIAC CATH	76.03	0.083566	1,598	134	34.03
34.04	DAY SURGERY	76.04	0.512494	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	0.202327	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.358208	602	216	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	0.496536	170	84	37.01
37.02	IUSCC HEM/ONC	90.02	0.263850	3	1	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.219046	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.981338	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.156311	24,689	3,859	37.06

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 am

Intestinal | 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	
37.07	AMB SVC-RILEY CLINICS	90.07	0.250971	0	0	37.07
37.08	MOTILITY LAB	90.08	0.240208	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	0.259147	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	0.112449	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	0.938887	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.209885	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.099763	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.490156	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.588290	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.874463	294	257	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.095484	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197209	93	18	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			170,039	27,121	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	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	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)			0	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	170	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	24,689	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

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2019 To 12/31/2019 | Worksheet D-4 | Date/Time Prepared: 7/2/2020 10:55 am

Intestinal | 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	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	294	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	93	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)		25,249		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	27,121		172,368		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)	613,615		595,217		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)	640,736		767,585		61.00
62.00	Total Usable Organs (see instructions)		6			62.00
63.00	Medicare Usable Organs (see instructions)		2			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.333333			64.00
65.00	Medicare Cost/Charges (see instructions)	213,578		255,861		65.00
66.00	Revenue for Organs Sold	5,588		0		66.00
67.00	Subtotal (line 65 minus line 66)	207,990		255,861		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	207,990	0	255,861	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	1		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	5		73.00
74.00	Total (sum of lines 70 through 73)	0	6		74.00
75.00	Organs Transplanted	0	5	27,942	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	1	5,588	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	6		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/2/2020 10:55 am
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		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)	108,459,945	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	36,199,404	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)		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
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	10,695,850	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	4,092,465	2.04
3.00	Managed Care Simulated Payments	54,771,407	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,217.48	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	642.46	10.00
11.00	FTE count for residents in dental and podiatric programs.	26.18	11.00
12.00	Current year allowable FTE (see instructions)	553.93	12.00
13.00	Total allowable FTE count for the prior year.	553.29	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	553.77	14.00
15.00	Sum of lines 12 through 14 divided by 3.	553.66	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	553.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.454759	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.457087	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.454759	21.00
22.00	IME payment adjustment (see instructions)	32,015,718	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	12,121,898	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)	114.71	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)	0.001643	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000439	27.00
28.00	IME add-on adjustment amount (see instructions)	63,505	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	24,045	28.01
29.00	Total IME payment (sum of lines 22 and 28)	32,079,223	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	12,145,943	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.03	30.00
31.00	Percentage of Medicaid patient days (see instructions)	40.63	31.00
32.00	Sum of lines 30 and 31	47.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)	28.53	33.00
34.00	Disproportionate share adjustment (see instructions)	10,317,829	34.00

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		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.003109836	0.001670078	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	25,727,277	13,946,150	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	19,242,588	3,505,588	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	22,748,176		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)	224,592,892		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)	236,738,835	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	16,095,948	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).	9,405,157	52.00
53.00	Nursing and Allied Health Managed Care payment	628,472	53.00
54.00	Special add-on payments for new technologies	41,375	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)	21,053,383	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).	186,123	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	393,442	58.00
59.00	Total (sum of amounts on lines 49 through 58)	284,542,735	59.00
60.00	Primary payer payments	250,302	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	284,292,433	61.00
62.00	Deductibles billed to program beneficiaries	9,558,304	62.00
63.00	Coinsurance billed to program beneficiaries	1,562,572	63.00
64.00	Allowable bad debts (see instructions)	1,687,786	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,097,061	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	609,757	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	274,268,618	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)	-347,791	70.93
70.94	HRR adjustment amount (see instructions)	-350,912	70.94
70.95	Recovery of accelerated depreciation	0	70.95

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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		273,569,915	71.00
71.01	Sequestration adjustment (see instructions)		5,471,398	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		265,397,449	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		2,701,068	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,780,457	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 01/01/2019 To 12/31/2019 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 7/2/2020 10:55 am

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		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	108,459,945	0	108,459,945		108,459,945	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	36,199,404	0		36,199,404	36,199,404	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						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	10,695,850	0	10,695,850		10,695,850	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	4,092,465	0		4,092,465	4,092,465	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	54,771,407	0	37,313,615	17,457,792	54,771,407	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.454759	0.454759	0.454759	0.454759		5.00
6.00	IME payment adjustment (see instructions)	22.00	32,015,718	0	24,004,138	8,011,580	32,015,718	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,121,898	0	8,258,174	3,863,724	12,121,898	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	0.000439	0.000439	0.000439	0.000439		7.00
8.00	IME adjustment (see instructions)	28.00	63,505	0	47,613	15,892	63,505	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	24,045	0	16,381	7,664	24,045	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	32,079,223	0	24,051,751	8,027,472	32,079,223	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,145,943	0	8,274,555	3,871,388	12,145,943	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2853	0.2853	0.2853	0.2853		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	10,317,829	0	7,735,906	2,581,923	10,317,829	11.00
11.01	Uncompensated care payments	36.00	22,748,176	0	19,242,588	3,505,588	22,748,176	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	224,592,892	0	170,186,040	54,406,852	224,592,892	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	236,738,835	0	178,460,595	58,278,240	236,738,835	15.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 7/2/2020 10:55 am

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		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	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	16,095,948	0	12,108,469	3,987,479	16,095,948	16.00
17.00	Special add-on payments for new technologies	54.00	41,375	0	39,425	1,950	41,375	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
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	190,608,489	62,267,669	252,876,158	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	11,711,763	0	8,824,662	2,887,101	11,711,763	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	908,133	0	664,646	243,487	908,133	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	0.1955	0.1955	0.1955	0.1955		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,289,650	0	1,725,222	564,428	2,289,650	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1013	0.1013	0.1013	0.1013		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,186,402	0	893,939	292,463	1,186,402	25.00
26.00	Total prospective capital payments (see instructions)	12.00	16,095,948	0	12,108,469	3,987,479	16,095,948	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 01/01/2019 To 12/31/2019 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/2/2020 10:55 am

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		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	108,459,945	108,459,945		108,459,945	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	36,199,404		36,199,404	36,199,404	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					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	10,695,850	10,695,850		10,695,850	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	4,092,465		4,092,465	4,092,465	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	54,771,407	37,313,615	17,457,792	54,771,407	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.454759	0.454759	0.454759		5.00
6.00	IME payment adjustment (see instructions)	22.00	32,015,718	24,004,138	8,011,580	32,015,718	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,121,898	8,258,174	3,863,724	12,121,898	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	0.000439	0.000439	0.000439		7.00
8.00	IME adjustment (see instructions)	28.00	63,505	47,613	15,892	63,505	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	24,045	16,381	7,664	24,045	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	32,079,223	24,051,751	8,027,472	32,079,223	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,145,943	8,274,555	3,871,388	12,145,943	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2853	0.2853	0.2853		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	10,317,829	7,735,906	2,581,923	10,317,829	11.00
11.01	Uncompensated care payments	36.00	22,748,176	19,242,588	3,505,588	22,748,176	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	224,592,892	170,186,040	54,406,852	224,592,892	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	236,738,835	178,460,595	58,278,240	236,738,835	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	16,095,948	12,108,469	3,987,479	16,095,948	16.00
17.00	Special add-on payments for new technologies	54.00	41,375	39,425	1,950	41,375	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			190,608,489	62,267,669	252,876,158	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/2/2020 10:55 am

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	11,711,763	8,824,662	2,887,101	11,711,763	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	908,133	664,646	243,487	908,133	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	0.1955	0.1955	0.1955		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,289,650	1,725,222	564,428	2,289,650	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1013	0.1013	0.1013		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,186,402	893,939	292,463	1,186,402	25.00
26.00	Total prospective capital payments (see instructions)	12.00	16,095,948	12,108,469	3,987,479	16,095,948	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	-347,791	-259,220	-88,571	-347,791	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	-350,912	-249,548	-101,364	-350,912	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 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/2/2020 10:55 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	148,550	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	139,603,418	2.00
3.00	OPPS payments	118,211,637	3.00
4.00	Outlier payment (see instructions)	1,676,670	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	586,121	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	148,550	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	731,207	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)	731,207	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)	731,207	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	582,657	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)	148,550	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	120,474,428	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	15,918	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	20,326,893	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)	100,280,167	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,017,077	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)	105,297,244	30.00
31.00	Primary payer payments	40,165	31.00
32.00	Subtotal (line 30 minus line 31)	105,257,079	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	56,193	33.00
34.00	Allowable bad debts (see instructions)	3,319,226	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	2,157,497	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,220,507	36.00
37.00	Subtotal (see instructions)	107,470,769	37.00
38.00	MSP-LCC reconciliation amount from PS&R	196	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)	33,269	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	107,470,573	40.00
40.01	Sequestration adjustment (see instructions)	2,149,411	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	105,680,529	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-359,367	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	245,490	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 01/01/2019 To 12/31/2019 | Worksheet E-1 Part I Date/Time Prepared: 7/2/2020 10:55 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		265,397,449		105,680,529	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)		265,397,449		105,680,529	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		2,701,068		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		359,367	6.02
7.00	Total Medicare program liability (see instructions)		268,098,517		105,321,162	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 01/01/2019 To 12/31/2019 | Worksheet E-1 Part I | Date/Time Prepared: 7/2/2020 10:55 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		1,022,308		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)		1,022,308		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		27,087		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,049,395		0	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 7/2/2020 10:55 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 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 7/2/2020 10:55 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)	1,128,462	1.00
2.00	Net IPF PPS Outlier Payments	79,495	2.00
3.00	Net IPF PPS ECT Payments	34,800	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)	0.30	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)	0.30	8.00
9.00	Average Daily Census (see instructions)	14.345205	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.010716	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	12,093	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,254,850	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)	1,254,850	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,254,850	18.00
19.00	Deductibles	92,728	19.00
20.00	Subtotal (line 18 minus line 19)	1,162,122	20.00
21.00	Coinsurance	120,229	21.00
22.00	Subtotal (line 20 minus line 21)	1,041,893	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	37,328	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	24,263	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	921	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,066,156	26.00
27.00	Direct graduate medical education payments (see instructions)	0	27.00
28.00	Other pass through costs (see instructions)	4,655	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)	1,070,811	31.00
31.01	Sequestration adjustment (see instructions)	21,416	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	1,022,308	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)	27,087	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	79,495	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 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 7/2/2020 10:55 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)	0.00	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)	2.342466	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 01/01/2019 To 12/31/2019 | Worksheet E-4 | Date/Time Prepared: 7/2/2020 10:55 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)			663.79	6.00
7.00	Enter the lesser of line 5 or line 6			553.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	199.98	384.97	584.95	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.	166.76	321.01	487.77	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		26.01		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	166.76	347.02		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	165.63	341.84		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	159.69	339.23		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	164.03	342.70		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	164.03	342.70		17.00
18.00	Per resident amount	92,551.64	87,651.41		18.00
19.00	Approved amount for resident costs	15,181,246	30,038,138	45,219,384	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)			110.28	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.76	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			102,333.61	23.00
24.00	Multiply line 22 time line 23			180,107	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			45,399,491	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	74,607	31,308		26.00
27.00	Total Inpatient Days (see instructions)	326,509	326,509		27.00
28.00	Ratio of inpatient days to total inpatient days	0.228499	0.095887		28.00
29.00	Program direct GME amount	10,373,738	4,353,221	14,726,959	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		304,725	304,725	30.00
31.00	Net Program direct GME amount			14,422,234	31.00

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

Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet E-4 | Date/Time Prepared: 7/2/2020 10:55 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)	525	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	36,074,928	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000015	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)	242,203,732	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	21,053,383	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	250,302	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	263,006,813	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	140,338,089	42.00
43.00	Primary payer payments (see instructions)	40,165	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	140,297,924	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	403,304,737	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.652129	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.347871	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,422,234	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	9,405,157	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	5,017,077	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 01/01/2019 To 12/31/2019 | Worksheet G | Date/Time Prepared: 7/2/2020 10:55 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	619,656,491	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	12,000,000	0	0	0	3.00
4.00	Accounts receivable	486,764,796	0	0	0	4.00
5.00	Other receivable	113,055,521	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,474,839	0	0	0	6.00
7.00	Inventory	68,620,654	0	0	0	7.00
8.00	Prepaid expenses	102,050,857	0	0	0	8.00
9.00	Other current assets	92,924,003	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)	1,479,597,483	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	179,282,714	0	0	0	12.00
13.00	Land improvements	28,195,669	0	0	0	13.00
14.00	Accumulated depreciation	-11,312,056	0	0	0	14.00
15.00	Buildings	1,948,141,552	0	0	0	15.00
16.00	Accumulated depreciation	-1,044,764,364	0	0	0	16.00
17.00	Leasehold improvements	30,495,771	0	0	0	17.00
18.00	Accumulated depreciation	-10,990,919	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	1,466,577,410	0	0	0	23.00
24.00	Accumulated depreciation	-1,186,875,791	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)	1,398,749,986	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,501,718,342	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	5,744,578,610	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,246,296,952	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	10,124,644,421	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	2,294,855,284	0	0	0	37.00
38.00	Salaries, wages, and fees payable	230,366,189	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	12,909,118	0	0	0	40.00
41.00	Deferred income	16,776,282	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	134,991,692	0	0	0	43.00
44.00	Other current liabilities	43,803,168	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,733,701,733	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,986,284,783	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	68,429,678	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,054,714,461	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	4,788,416,194	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	5,336,228,227				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)	5,336,228,227	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	10,124,644,421	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0056 | Period: From 01/01/2019 To 12/31/2019 | Worksheet G-1 | Date/Time Prepared: 7/2/2020 10:55 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		4,554,533,828		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,039,106,794				2.00
3.00	Total (sum of line 1 and line 2)		5,593,640,622		0		3.00
4.00	DONATED PROPERTY	880,114		0		0	4.00
5.00	RILEY PHASE V DONATIONS	-39,927		0		0	5.00
6.00	ROUNDING	223		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)		840,410		0		10.00
11.00	Subtotal (line 3 plus line 10)		5,594,481,032		0		11.00
12.00	PENSION OBLIGATION	1,710,992		0		0	12.00
13.00	UNRESTRICTED FUND BALANCE	252,248,258		0		0	13.00
14.00	MHF DONATIONS	219,127		0		0	14.00
15.00	MEMBER'S EQUITY	1,681,567		0		0	15.00
16.00	MARK TO MARKET SWAP	2,392,861		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		258,252,805		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		5,336,228,227		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	RILEY PHASE V DONATIONS		0			5.00
6.00	ROUNDING		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	PENSION OBLIGATION		0			12.00
13.00	UNRESTRICTED FUND BALANCE		0			13.00
14.00	MHF DONATIONS		0			14.00
15.00	MEMBER'S EQUITY		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 01/01/2019 To 12/31/2019 | Worksheet G-2 Parts I & II Date/Time Prepared: 7/2/2020 10:55 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	850,569,407		850,569,407	1.00
2.00	SUBPROVIDER - IPF	12,798,173		12,798,173	2.00
3.00	SUBPROVIDER - IRF	2,220,567		2,220,567	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)	865,588,147		865,588,147	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	110,063,102		110,063,102	11.00
12.00	CORONARY CARE UNIT	101,430,390		101,430,390	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	177,244,080		177,244,080	12.01
13.00	BURN INTENSIVE CARE UNIT	9,407,013		9,407,013	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	25,879,228		25,879,228	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PED IC	67,083,478		67,083,478	14.04
14.05	TRANSPLANT ICU	12,827,585		12,827,585	14.05
14.06	PEDS CANCER CARE	14,620,445		14,620,445	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	518,555,321		518,555,321	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,384,143,468		1,384,143,468	17.00
18.00	Ancillary services	3,290,380,510	3,238,006,852	6,528,387,362	18.00
19.00	Outpatient services	184,167,024	800,547,517	984,714,541	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		209,447,145	209,447,145	22.00
23.00	AMBULANCE SERVICES	202,302	226,821,130	227,023,432	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	35,806,385	35,806,385	26.00
27.00	SPECIAL PURPOSE COST CENTERS	58,353,581	0	58,353,581	27.00
27.01	PHYSICIAN REVENUE	0	55,643,561	55,643,561	27.01
27.02	HOME OFFICE AND NRCC REVENUE	0	108,982	108,982	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,917,246,885	4,566,381,572	9,483,628,457	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,547,793,903		29.00
30.00	HOME OFFICE EXPENSE	1,215,105,575			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)		1,215,105,575		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)		3,745,399,478		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet G-3 Date/Time Prepared: 7/2/2020 10:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	9,483,628,457	1.00
2.00	Less contractual allowances and discounts on patients' accounts	6,439,212,501	2.00
3.00	Net patient revenues (line 1 minus line 2)	3,044,415,956	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	3,745,399,478	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-700,983,522	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	677,422,450	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	1,072,317,850	24.00
24.01	MEMBER PREMIUM REVENUE	159,421,351	24.01
24.02	SWAP GAIN	-9,755,834	24.02
24.03	RELATED PARTY INCOME	7,576,034	24.03
24.04	EDUCATION & RESEARCH SUPPORT	-17,500,000	24.04
24.05	OTHER INCOME	-149,391,535	24.05
25.00	Total other income (sum of lines 6-24)	1,740,090,316	25.00
26.00	Total (line 5 plus line 25)	1,039,106,794	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,039,106,794	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2019 To 12/31/2019 | Worksheet H | Date/Time Prepared: 7/2/2020 10:55 am

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	8,376,221	2,278,485	0	689,277	-817,827	10,526,156	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	4,207,644	1,144,556	0	0	0	5,352,200	6.00
7.00	Physical Therapy	3,708,353	1,008,740	0	0	0	4,717,093	7.00
8.00	Occupational Therapy	1,500,006	408,029	0	0	0	1,908,035	8.00
9.00	Speech Pathology	122,015	33,190	0	0	0	155,205	9.00
10.00	Medical Social Services	303,666	82,603	0	0	0	386,269	10.00
11.00	Home Health Aide	90,427	24,598	0	0	0	115,025	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	2,003,107	544,882	0	508,790	8,262,454	11,319,233	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	3,841,146	1,044,862	0	213,829	38,675,886	43,775,723	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	24,152,585	6,569,945	0	1,411,896	46,120,513	78,254,939	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	4,395,809	14,921,965	-13,179,007	1,742,958			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	5,352,200	0	5,352,200			6.00
7.00	Physical Therapy	0	4,717,093	0	4,717,093			7.00
8.00	Occupational Therapy	0	1,908,035	0	1,908,035			8.00
9.00	Speech Pathology	0	155,205	0	155,205			9.00
10.00	Medical Social Services	0	386,269	0	386,269			10.00
11.00	Home Health Aide	0	115,025	0	115,025			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	-1,346,490	9,972,743	-487,479	9,485,264			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)	-3,049,319	40,726,404	-363,502	40,362,902			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	78,254,939	-14,029,988	64,224,951			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 01/01/2019 To 12/31/2019 | Worksheet H-1 Part I | Date/Time Prepared: 7/2/2020 10:55 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	1,742,958	0	0	0	0	1,742,958	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,352,200	0	0	0	0	5,352,200	6.00
7.00	Physical Therapy	4,717,093	0	0	0	0	4,717,093	7.00
8.00	Occupational Therapy	1,908,035	0	0	0	0	1,908,035	8.00
9.00	Speech Pathology	155,205	0	0	0	0	155,205	9.00
10.00	Medical Social Services	386,269	0	0	0	0	386,269	10.00
11.00	Home Health Aide	115,025	0	0	0	0	115,025	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	9,485,264	0	0	0	0	9,485,264	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)	40,362,902	0	0	0	0	40,362,902	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	64,224,951	0	0	0	0	64,224,951	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	1,742,958		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	149,300	5,501,500	6.00
7.00	Physical Therapy	131,583	4,848,676	7.00
8.00	Occupational Therapy	53,225	1,961,260	8.00
9.00	Speech Pathology	4,329	159,534	9.00
10.00	Medical Social Services	10,775	397,044	10.00
11.00	Home Health Aide	3,209	118,234	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	264,591	9,749,855	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)	1,125,946	41,488,848	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		64,224,951	24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2019 To 12/31/2019 | Worksheet H-1 Part II Date/Time Prepared: 7/2/2020 10:55 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	-1,742,958	62,481,993	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	5,352,200	6.00
7.00	Physical Therapy	0	0	0	0	0	4,717,093	7.00
8.00	Occupational Therapy	0	0	0	0	0	1,908,035	8.00
9.00	Speech Pathology	0	0	0	0	0	155,205	9.00
10.00	Medical Social Services	0	0	0	0	0	386,269	10.00
11.00	Home Health Aide	0	0	0	0	0	115,025	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	9,485,264	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	40,362,902	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	-1,742,958	62,481,993	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,742,958	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.027895	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

Period: From 01/01/2019 To 12/31/2019

Worksheet H-2 Part I Date/Time Prepared: 7/2/2020 10:55 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	265,404	119,355	5,583,061	1,687	3,009,146	1.00
2.00	Skilled Nursing Care	5,501,500	0	0	0	0	0	2.00
3.00	Physical Therapy	4,848,676	0	0	0	0	0	3.00
4.00	Occupational Therapy	1,961,260	0	0	0	0	0	4.00
5.00	Speech Pathology	159,534	0	0	0	0	0	5.00
6.00	Medical Social Services	397,044	0	0	0	0	0	6.00
7.00	Home Health Aide	118,234	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	9,749,855	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)	41,488,848	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)	64,224,951	265,404	119,355	5,583,061	1,687	3,009,146	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	1,141,277	10,119,930	924,476	198,457	1.00
2.00	Skilled Nursing Care	0	0	0	5,501,500	502,573	0	2.00
3.00	Physical Therapy	0	0	0	4,848,676	442,936	0	3.00
4.00	Occupational Therapy	0	0	0	1,961,260	179,165	0	4.00
5.00	Speech Pathology	0	0	0	159,534	14,574	0	5.00
6.00	Medical Social Services	0	0	0	397,044	36,271	0	6.00
7.00	Home Health Aide	0	0	0	118,234	10,801	0	7.00
8.00	Supplies (see instructions)	19,256	0	0	19,256	1,759	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	9,749,855	890,669	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	41,488,848	3,790,089	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	19,256	0	1,141,277	74,364,137	6,793,313	198,457	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 01/01/2019 To 12/31/2019

Worksheet H-2 Part I
Date/Time Prepared: 7/2/2020 10:55 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	408,323	0	0	1,060	0	3,273	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)	408,323	0	0	1,060	0	3,273	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	59,276	786,368	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	59,276	786,368	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 01/01/2019 To 12/31/2019

Worksheet H-2 Part I
Date/Time Prepared: 7/2/2020 10:55 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	432,089	0	95,508	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)	341,119	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)	341,119	0	432,089	0	95,508	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 01/01/2019 To 12/31/2019

Worksheet H-2 Part I
Date/Time Prepared: 7/2/2020 10:55 am

Home Health Agency I

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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	13,028,760	0	13,028,760			1.00
2.00	Skilled Nursing Care	0	6,004,073	0	6,004,073	1,110,303	7,114,376	2.00
3.00	Physical Therapy	0	5,291,612	0	5,291,612	978,551	6,270,163	3.00
4.00	Occupational Therapy	0	2,140,425	0	2,140,425	395,818	2,536,243	4.00
5.00	Speech Pathology	0	174,108	0	174,108	32,197	206,305	5.00
6.00	Medical Social Services	0	433,315	0	433,315	80,131	513,446	6.00
7.00	Home Health Aide	0	129,035	0	129,035	23,862	152,897	7.00
8.00	Supplies (see instructions)	0	362,134	0	362,134	66,968	429,102	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	10,640,524	0	10,640,524	1,967,699	12,608,223	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	45,278,937	0	45,278,937	8,373,231	53,652,168	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	83,482,923	0	83,482,923	13,028,760	83,482,923	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.					0.184925		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 01/01/2019 To 12/31/2019

Worksheet H-2 Part II
Date/Time Prepared: 7/2/2020 10:55 am

Home Health Agency I

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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	88,725	23,896,918	346	346	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	575,976	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	88,725	23,896,918	346	346	575,976	20.00
21.00	Total cost to be allocated	265,404	119,355	5,583,061	1,687	3,009,146	19,256	21.00
22.00	Unit cost multiplier	11.294748	1.345224	0.233631	4.875723	8,696.953757	0.033432	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	209,447,145	0	10,119,930	23,498	23,498	1.00
2.00	Skilled Nursing Care	0	0	0	5,501,500	0	0	2.00
3.00	Physical Therapy	0	0	0	4,848,676	0	0	3.00
4.00	Occupational Therapy	0	0	0	1,961,260	0	0	4.00
5.00	Speech Pathology	0	0	0	159,534	0	0	5.00
6.00	Medical Social Services	0	0	0	397,044	0	0	6.00
7.00	Home Health Aide	0	0	0	118,234	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	19,256	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	9,749,855	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	41,488,848	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	209,447,145		74,364,137	23,498	23,498	20.00
21.00	Total cost to be allocated	0	1,141,277		6,793,313	198,457	408,323	21.00
22.00	Unit cost multiplier	0.000000	0.005449		0.091352	8.445698	17.376926	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2019 To 12/31/2019 | Worksheet H-2 Part II | Date/Time Prepared: 7/2/2020 10:55 am

Home Health Agency I | PPS

	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	1,060	0	3,273	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	3.911439	0.000000	4.096370	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	346	69	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	575,976	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	346	69	0	575,976	20.00
21.00	Total cost to be allocated	0	0	59,276	786,368	0	341,119	21.00
22.00	Unit cost multiplier	0.000000	0.000000	171.317919	11,396.637681	0.000000	0.592245	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period: From 01/01/2019 To 12/31/2019

Worksheet H-2 Part II
Date/Time Prepared: 7/2/2020 10:55 am

Home Health Agency I

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	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	21.00	22.00	
1.00	Administrative and General	0	209,447,145	0	209,447,145	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	209,447,145	0	209,447,145	0	0	20.00
21.00	Total cost to be allocated	0	432,089	0	95,508	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.002063	0.000000	0.000456	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 01/01/2019 To 12/31/2019

Worksheet H-2 Part II
Date/Time Prepared: 7/2/2020 10:55 am

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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 01/01/2019 To 12/31/2019 | Worksheet H-3 Part I | Date/Time Prepared: 7/2/2020 10:55 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	7,114,376		7,114,376	35,464	200.61	1.00
2.00	Physical Therapy	3.00	6,270,163	0	6,270,163	29,347	213.66	2.00
3.00	Occupational Therapy	4.00	2,536,243	0	2,536,243	10,307	246.07	3.00
4.00	Speech Pathology	5.00	206,305	0	206,305	622	331.68	4.00
5.00	Medical Social Services	6.00	513,446		513,446	1,552	330.83	5.00
6.00	Home Health Aide	7.00	152,897		152,897	4,128	37.04	6.00
7.00	Total (sum of lines 1-6)		16,793,430	0	16,793,430	81,420		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		14020	0	2,510			8.00
8.01	Skilled Nursing Care		26900	0	3,392			8.01
8.02	Skilled Nursing Care		29200	0	1,312			8.02
8.03	Skilled Nursing Care		34620	0	2,926			8.03
8.04	Skilled Nursing Care		99915	0	2,838			8.04
9.00	Physical Therapy		14020	0	2,184			9.00
9.01	Physical Therapy		26900	0	5,248			9.01
9.02	Physical Therapy		29200	0	1,760			9.02
9.03	Physical Therapy		34620	0	2,166			9.03
9.04	Physical Therapy		99915	0	3,116			9.04
10.00	Occupational Therapy		14020	0	908			10.00
10.01	Occupational Therapy		26900	0	1,701			10.01
10.02	Occupational Therapy		29200	0	514			10.02
10.03	Occupational Therapy		34620	0	973			10.03
10.04	Occupational Therapy		99915	0	1,100			10.04
11.00	Speech Pathology		14020	0	20			11.00
11.01	Speech Pathology		26900	0	39			11.01
11.02	Speech Pathology		29200	0	15			11.02
11.03	Speech Pathology		34620	0	132			11.03
11.04	Speech Pathology		99915	0	75			11.04
12.00	Medical Social Services		14020	0	69			12.00
12.01	Medical Social Services		26900	0	265			12.01
12.02	Medical Social Services		29200	0	56			12.02
12.03	Medical Social Services		34620	0	217			12.03
12.04	Medical Social Services		99915	0	114			12.04
13.00	Home Health Aide		14020	0	178			13.00
13.01	Home Health Aide		26900	0	485			13.01
13.02	Home Health Aide		29200	0	225			13.02
13.03	Home Health Aide		34620	0	817			13.03
13.04	Home Health Aide		99915	0	554			13.04
14.00	Total (sum of lines 8-13)			0	35,909			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2019 To 12/31/2019 | Worksheet H-3 Part I | Date/Time Prepared: 7/2/2020 10:55 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	429,102	0	429,102	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	12,978		0	2,603,517		1.00
2.00	Physical Therapy	0	14,474		0	3,092,515		2.00
3.00	Occupational Therapy	0	5,196		0	1,278,580		3.00
4.00	Speech Pathology	0	281		0	93,202		4.00
5.00	Medical Social Services	0	721		0	238,528		5.00
6.00	Home Health Aide	0	2,259		0	83,673		6.00
7.00	Total (sum of lines 1-6)	0	35,909		0	7,390,015		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
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
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
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
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
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
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 01/01/2019 To 12/31/2019 | Worksheet H-3 Part I | Date/Time Prepared: 7/2/2020 10:55 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	99,107	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	2,603,517		1.00
2.00	Physical Therapy	3,092,515		2.00
3.00	Occupational Therapy	1,278,580		3.00
4.00	Speech Pathology	93,202		4.00
5.00	Medical Social Services	238,528		5.00
6.00	Home Health Aide	83,673		6.00
7.00	Total (sum of lines 1-6)	7,390,015		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
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
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
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
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
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
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 01/01/2019
To 12/31/2019

Worksheet H-3
Part II
Date/Time Prepared:
7/2/2020 10:55 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	0.369808	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.277429	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.331898	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.259504	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.208231	0	0	col. 2, line 16.00		5.00
5.03	Cost of Drugs 3	73.03	0.922500	0	0	col. 2, line 16.03		5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2019 To 12/31/2019 | Worksheet H-4 Part I-II | Date/Time Prepared: 7/2/2020 10:55 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	6,458,788	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	843,643	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	226,206	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	66,358	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	197,079	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	11,870	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	7,803,944	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	7,803,944	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	7,803,944	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	7,803,944	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	7,803,944	31.00
31.01	Sequestration adjustment (see instructions)	0	156,190	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	7,653,271	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	-5,517	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 01/01/2019 To 12/31/2019 | Worksheet H-5 | Date/Time Prepared: 7/2/2020 10:55 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		7,653,271	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		7,653,271	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		5,517	6.02
7.00	Total Medicare program liability (see instructions)		0		7,647,754	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 01/01/2019 To 12/31/2019

Worksheet I-1
Date/Time Prepared: 7/2/2020 10:55 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	2,677,155	HOURS OF SERVICE	67,603.00	32.50	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	46,396	HOURS OF SERVICE	2,840.00	1.37	3.00
4.00	TECHNICIANS	152,372	HOURS OF SERVICE	7,299.00	3.51	4.00
5.00	SOCIAL WORKERS	61,540	HOURS OF SERVICE	1,885.00	0.91	5.00
6.00	DIETICIANS	59,245	HOURS OF SERVICE	1,449.00	0.70	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	499,762	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,496,470				9.00
10.00	EMPLOYEE BENEFITS	254,244	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	45,862	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	124,808	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	0	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	47,570	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,968,954				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	489,740	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	321,274	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	816,884	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,304,441	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	1,291,781	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	525				23.00
24.00	CENTRAL SERVICE & SUPPLIES	855,709	REQUISITIONS			24.00
25.00	PHARMACY	9,815	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	491,872	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	9,550,995				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)	9,550,995				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 01/01/2019 To 12/31/2019 | Worksheet I-2 | Date/Time Prepared: 7/2/2020 10:55 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	1,781,521	491,944	2,677,155	319,553	1,071,128	9,815	1.00
	MAINTENANCE							
2.00	Hemodialysis	572,499	158,088	860,315	102,690	344,211	3,154	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	7,423	2,050	11,155	1,331	4,463	41	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	164,791	45,505	247,637	29,559	99,079	908	10.00
11.00	CCPD	1,036,808	286,301	1,558,048	185,973	623,375	5,712	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)	1,781,521	491,944	2,677,155	319,553	1,071,128	9,815	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	855,709	0	7,206,825	2,343,645	9,550,470		1.00
	MAINTENANCE							
2.00	Hemodialysis	274,986	0	2,315,943	753,140	3,069,083		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	3,565	0	30,028	9,765	39,793		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	79,153	0	666,632	216,787	883,419		10.00
11.00	CCPD	498,005	0	4,194,222	1,363,953	5,558,175		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)	855,709	0	7,206,825	2,343,645	9,550,470		17.00
18.00	Medical Educational Program Costs					525		18.00
19.00	Total Renal Costs (line 17 + line 18)					9,550,995		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056 | Component CCN: 15-3522 | Period: From 01/01/2019 To 12/31/2019 | Worksheet I-3 | Date/Time Prepared: 7/2/2020 10:55 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		1,781,521	491,944	2,677,155	319,553	1,071,128	1.00
	MAINTENANCE							
2.00	Hemodialysis		3,085	3,085.00	3,085.00	3,085.00	3,085	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		40	40.00	40.00	40.00	40	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		888	888.00	888.00	888.00	888	10.00
11.00	CCPD		5,587	5,587.00	5,587.00	5,587.00	5,587	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		9,600	9,600.00	9,600.00	9,600.00	9,600	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		185.575104	51.244167	278.870312	33.286771	111.575833	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	9,815	855,709	0	7,206,825	2,343,645		1.00
	MAINTENANCE							
2.00	Hemodialysis	3,085	3,085	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	40	40	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	888	888	0				10.00
11.00	CCPD	5,587	5,587	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	9,600	9,600	0		7,206,825		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.022396	89.136354	0.000000		0.325198		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 15-0056 | Component CCN: 15-3522 | Period: From 01/01/2019 To 12/31/2019 | Worksheet I-4 | Date/Time Prepared: 7/2/2020 10:55 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	3,085	3,069,083	994.84	1,223	1,216,689	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	40	39,793	994.83	16	15,917	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	888	883,419	994.84	50	49,742	9.00
10.00	Home Program - CCPD	5,587	5,558,175	994.84	317	315,364	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)	3,125	9,550,470		1,239	1,597,712	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	22,550					12.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	391,361	320.00				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	5,712	357.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	38,320	766.40				9.00
10.00	Home Program - CCPD	262,401	827.76				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)	697,794					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 01/01/2019 To 12/31/2019 | Worksheet I-5 | Date/Time Prepared: 7/2/2020 10:55 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)	1,597,712		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	697,794	697,794	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)	697,794	697,794	2.03
2.04	Outlier payments	16,079		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	1,080	1,080	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)	1,080	1,080	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	139,349	139,349	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)	139,349	139,349	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	86,451	86,451	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)	86,451	86,451	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	56,193		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	6,384		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	53,978	8.00
9.00	Program payment (see instructions)	0	557,371	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)	56,193		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	9,550,470		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	9,550,470		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 01/01/2019 To 12/31/2019 | Worksheet O | Date/Time Prepared: 7/2/2020 10:55 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*		568,816	568,816	-34,241	534,575	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,903,691	1,903,691	-1,219,742	683,949	3.00
4.00	ADMINISTRATIVE & GENERAL*	1,130,563	4,393,224	5,523,787	0	5,523,787	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	121,386	121,386	0	121,386	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	14,046	14,046	0	14,046	6.00
7.00	HOUSEKEEPING*	0	1,753	1,753	0	1,753	7.00
8.00	DIETARY*	0	6,837	6,837	0	6,837	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	198,254	198,254	-198,254	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	93,265	93,265	0	93,265	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	55,729	0	55,729	0	55,729	13.00
14.00	PHARMACY*	0	720,061	720,061	-720,061	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	448,798	448,798	118,834	567,632	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**		139,973	139,973	0	139,973	25.00
26.00	PHYSICIAN SERVICES**	343,527	0	343,527	-118,834	224,693	26.00
27.00	NURSE PRACTITIONER**	1,301	0	1,301	0	1,301	27.00
28.00	REGISTERED NURSE**	3,153,487	0	3,153,487	-13,291	3,140,196	28.00
29.00	LPN/LVN**	444,624	8,943	453,567	-2,337	451,230	29.00
30.00	PHYSICAL THERAPY**	146,617	0	146,617	-977	145,640	30.00
31.00	OCCUPATIONAL THERAPY**	95,234	0	95,234	0	95,234	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	395,445	0	395,445	0	395,445	33.00
34.00	SPIRITUAL COUNSELING**	369,563	0	369,563	-431	369,132	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	129,556	0	129,556	0	129,556	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	424,413	0	424,413	-3,965	420,448	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	2,399	2,399	0	2,399	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	4,100	4,100	0	4,100	40.00
41.00	LABS & DIAGNOSTICS**	0	2,904	2,904	0	2,904	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	-4,982	-4,982	4,982	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)**	75	1,131,120	1,131,195	0	1,131,195	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	126,594	0	126,594	0	126,594	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	235	235	0	235	71.00
100.00	TOTAL	6,816,728	10,411,614	17,228,342	-2,845,108	14,383,234	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 01/01/2019 To 12/31/2019 | Worksheet O | Date/Time Prepared: 7/2/2020 10:55 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	534,575		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	683,949		3.00
4.00	ADMINISTRATIVE & GENERAL*	-34,787	5,489,000		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	121,386		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	14,046		6.00
7.00	HOUSEKEEPING*	0	1,753		7.00
8.00	DIETARY*	0	6,837		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	93,265		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	55,729		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	567,632		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	139,973		25.00
26.00	PHYSICIAN SERVICES**	-224,693	0		26.00
27.00	NURSE PRACTITIONER**	0	1,301		27.00
28.00	REGISTERED NURSE**	0	3,140,196		28.00
29.00	LPN/LVN**	0	451,230		29.00
30.00	PHYSICAL THERAPY**	0	145,640		30.00
31.00	OCCUPATIONAL THERAPY**	0	95,234		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	395,445		33.00
34.00	SPIRITUAL COUNSELING**	0	369,132		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	129,556		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	420,448		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	2,399		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	4,100		40.00
41.00	LABS & DIAGNOSTICS**	0	2,904		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	1,131,195		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	126,594		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)*	-235	0		71.00
100.00	TOTAL	-259,715	14,123,519		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 ROUTINE HOME CARE

Provider CCN: 15-0056 Hospice CCN: 15-1511 | Period: From 01/01/2019 To 12/31/2019 | Worksheet O-2 | Date/Time Prepared: 7/2/2020 10:55 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	323,875	0	323,875	-112,036	211,839	26.00
27.00	NURSE PRACTITIONER	1,227	0	1,227	0	1,227	27.00
28.00	REGISTERED NURSE	2,973,092	0	2,973,092	-12,531	2,960,561	28.00
29.00	LPN/LVN	419,189	8,432	427,621	-2,204	425,417	29.00
30.00	PHYSICAL THERAPY	138,230	0	138,230	-921	137,309	30.00
31.00	OCCUPATIONAL THERAPY	89,786	0	89,786	0	89,786	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	372,823	0	372,823	0	372,823	33.00
34.00	SPIRITUAL COUNSELING	348,422	0	348,422	-406	348,016	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	122,145	0	122,145	0	122,145	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	400,135	0	400,135	-3,739	396,396	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,262	2,262	0	2,262	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	3,865	3,865	0	3,865	40.00
41.00	LABS & DIAGNOSTICS	0	2,738	2,738	0	2,738	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-4,697	-4,697	4,697	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)	70	1,066,414	1,066,484	0	1,066,484	46.00
100.00	TOTAL *	5,188,994	1,079,014	6,268,008	-127,140	6,140,868	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	-211,839	0		26.00
27.00	NURSE PRACTITIONER	0	1,227		27.00
28.00	REGISTERED NURSE	0	2,960,561		28.00
29.00	LPN/LVN	0	425,417		29.00
30.00	PHYSICAL THERAPY	0	137,309		30.00
31.00	OCCUPATIONAL THERAPY	0	89,786		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	372,823		33.00
34.00	SPIRITUAL COUNSELING	0	348,016		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	122,145		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	396,396		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,262		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	3,865		40.00
41.00	LABS & DIAGNOSTICS	0	2,738		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,066,484		46.00
100.00	TOTAL *	-211,839	5,929,029		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 01/01/2019 To 12/31/2019 | Worksheet O-3 | Date/Time Prepared: 7/2/2020 10:55 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		24,641	24,641	0	24,641	25.00
26.00	PHYSICIAN SERVICES	3,154	0	3,154	-1,091	2,063	26.00
27.00	NURSE PRACTITIONER	12	0	12	0	12	27.00
28.00	REGISTERED NURSE	28,952	0	28,952	-122	28,830	28.00
29.00	LPN/LVN	4,082	82	4,164	-21	4,143	29.00
30.00	PHYSICAL THERAPY	1,346	0	1,346	-9	1,337	30.00
31.00	OCCUPATIONAL THERAPY	874	0	874	0	874	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3,631	0	3,631	0	3,631	33.00
34.00	SPIRITUAL COUNSELING	3,393	0	3,393	-4	3,389	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	1,189	0	1,189	0	1,189	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	3,896	0	3,896	-36	3,860	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	22	22	0	22	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	38	38	0	38	40.00
41.00	LABS & DIAGNOSTICS	0	27	27	0	27	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-46	-46	46	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	10,385	10,386	0	10,386	46.00
100.00	TOTAL *	50,530	35,149	85,679	-1,237	84,442	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	24,641		25.00
26.00	PHYSICIAN SERVICES	-2,063	0		26.00
27.00	NURSE PRACTITIONER	0	12		27.00
28.00	REGISTERED NURSE	0	28,830		28.00
29.00	LPN/LVN	0	4,143		29.00
30.00	PHYSICAL THERAPY	0	1,337		30.00
31.00	OCCUPATIONAL THERAPY	0	874		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,631		33.00
34.00	SPIRITUAL COUNSELING	0	3,389		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	1,189		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	3,860		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	22		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	38		40.00
41.00	LABS & DIAGNOSTICS	0	27		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10,386		46.00
100.00	TOTAL *	-2,063	82,379		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 01/01/2019 To 12/31/2019 | Worksheet O-4 | Date/Time Prepared: 7/2/2020 10:55 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		115,332	115,332	0	115,332	25.00
26.00	PHYSICIAN SERVICES	16,498	0	16,498	-5,707	10,791	26.00
27.00	NURSE PRACTITIONER	62	0	62	0	62	27.00
28.00	REGISTERED NURSE	151,443	0	151,443	-638	150,805	28.00
29.00	LPN/LVN	21,353	429	21,782	-112	21,670	29.00
30.00	PHYSICAL THERAPY	7,041	0	7,041	-47	6,994	30.00
31.00	OCCUPATIONAL THERAPY	4,574	0	4,574	0	4,574	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	18,991	0	18,991	0	18,991	33.00
34.00	SPIRITUAL COUNSELING	17,748	0	17,748	-21	17,727	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	6,222	0	6,222	0	6,222	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	20,382	0	20,382	-190	20,192	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	115	115	0	115	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	197	197	0	197	40.00
41.00	LABS & DIAGNOSTICS	0	139	139	0	139	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-239	-239	239	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)	4	54,321	54,325	0	54,325	46.00
100.00	TOTAL *	264,318	170,294	434,612	-6,476	428,136	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	115,332		25.00
26.00	PHYSICIAN SERVICES	-10,791	0		26.00
27.00	NURSE PRACTITIONER	0	62		27.00
28.00	REGISTERED NURSE	0	150,805		28.00
29.00	LPN/LVN	0	21,670		29.00
30.00	PHYSICAL THERAPY	0	6,994		30.00
31.00	OCCUPATIONAL THERAPY	0	4,574		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	18,991		33.00
34.00	SPIRITUAL COUNSELING	0	17,727		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	6,222		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	20,192		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	115		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	197		40.00
41.00	LABS & DIAGNOSTICS	0	139		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	54,325		46.00
100.00	TOTAL *	-10,791	417,345		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 01/01/2019 To 12/31/2019 | Worksheet O-5 | Date/Time Prepared: 7/2/2020 10:55 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	61,907	61,907	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	534,575	46,062	580,637	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	683,949	1,587,692	2,271,641	3.00
4.00	ADMINISTRATIVE & GENERAL	5,489,000	2,651,428	8,140,428	4.00
5.00	PLANT OPERATION & MAINTENANCE	121,386	141,534	262,920	5.00
6.00	LAUNDRY & LINEN SERVICE	14,046	0	14,046	6.00
7.00	HOUSEKEEPING	1,753	19,847	21,600	7.00
8.00	DIETARY	6,837	0	6,837	8.00
9.00	NURSING ADMINISTRATION	0	581,229	581,229	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	117,493	117,493	10.00
11.00	MEDICAL RECORDS	0	73,869	73,869	11.00
12.00	STAFF TRANSPORTATION	93,265		93,265	12.00
13.00	VOLUNTEER SERVICE COORDINATION	55,729		55,729	13.00
14.00	PHARMACY	0	165,210	165,210	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	567,632		567,632	15.00
16.00	OTHER GENERAL SERVICE	0	25,173	25,173	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	5,929,029		5,929,029	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	82,379		82,379	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	417,345		417,345	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	126,594		126,594	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	14,123,519	5,471,444	19,594,963	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2019 To 12/31/2019 | Worksheet O-6 Part I | Date/Time Prepared: 7/2/2020 10:55 am

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	61,907	61,907				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	580,637		580,637			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	2,271,641	0	0	2,271,641		3.00
4.00	ADMINISTRATIVE & GENERAL	8,140,428	61,907	580,637	376,754	9,159,726	4.00
5.00	PLANT OPERATION & MAINTENANCE	262,920	0	0	0	262,920	5.00
6.00	LAUNDRY & LINEN SERVICE	14,046	0	0	0	14,046	6.00
7.00	HOUSEKEEPING	21,600	0	0	0	21,600	7.00
8.00	DIETARY	6,837	0	0	0	6,837	8.00
9.00	NURSING ADMINISTRATION	581,229	0	0	0	581,229	9.00
10.00	ROUTINE MEDICAL SUPPLIES	117,493	0	0	0	117,493	10.00
11.00	MEDICAL RECORDS	73,869	0	0	0	73,869	11.00
12.00	STAFF TRANSPORTATION	93,265	0	0	0	93,265	12.00
13.00	VOLUNTEER SERVICE COORDINATION	55,729	0	0	18,571	74,300	13.00
14.00	PHARMACY	165,210	0	0	0	165,210	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	567,632	0	0	0	567,632	15.00
16.00	OTHER GENERAL SERVICE	25,173	0	0	0	25,173	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	5,929,029			1,729,207	7,658,236	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	82,379	0	0	16,839	99,218	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	417,345	0	0	88,083	505,428	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	126,594	0	0	42,187	168,781	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	19,594,963	61,907	580,637	2,271,641	19,594,963	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0056 Hospice CCN: 15-1511 | Period: From 01/01/2019 To 12/31/2019 | Worksheet O-6 Part I Date/Time Prepared: 7/2/2020 10:55 am

Hospice I

	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	9,159,726					4.00
5.00	PLANT OPERATION & MAINTENANCE	230,783	493,703				5.00
6.00	LAUNDRY & LINEN SERVICE	12,329	0	26,375			6.00
7.00	HOUSEKEEPING	18,960	0		40,560		7.00
8.00	DIETARY	6,001	0		0	12,838	8.00
9.00	NURSING ADMINISTRATION	510,185	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	103,132	0		0		10.00
11.00	MEDICAL RECORDS	64,840	0		0		11.00
12.00	STAFF TRANSPORTATION	81,865	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	65,218	0		0		13.00
14.00	PHARMACY	145,016	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	498,250	0		0		15.00
16.00	OTHER GENERAL SERVICE	22,096	493,703		40,560		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	6,722,161					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	87,090	0	4,006	0	1,950	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	443,649	0	22,369	0	10,888	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	148,151	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	9,159,726	493,703	26,375	40,560	12,838	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2019 To 12/31/2019 | Worksheet O-6 Part I | Date/Time Prepared: 7/2/2020 10:55 am

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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	1,091,414					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	220,625				10.00
11.00	MEDICAL RECORDS	0		138,709			11.00
12.00	STAFF TRANSPORTATION	0			175,130		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	139,518	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	1,091,414			0	139,518	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	208,004	130,775	165,112	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	2,026	1,273	1,608	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	10,595	6,661	8,410	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	1,091,414	220,625	138,709	175,130	139,518	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2019 To 12/31/2019 | Worksheet O-6 Part I | Date/Time Prepared: 7/2/2020 10:55 am

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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	310,226					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	1,065,882				15.00
16.00	OTHER GENERAL SERVICE	0		1,812,464			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	292,480	1,004,908	1,708,782		17,890,458	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,848	9,786	16,640	0	226,445	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	14,898	51,188	87,042	0	1,161,128	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		316,932	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	310,226	1,065,882	1,812,464	0	19,594,963	100.00

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

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

Period:
From 01/01/2019
To 12/31/2019

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Hospice I

	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	5,481					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		34,241				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	6,816,728			3.00
4.00	ADMINISTRATIVE & GENERAL	5,481	34,241	1,130,563	-9,159,726	10,435,237	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	262,920	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	14,046	6.00
7.00	HOUSEKEEPING	0	0	0	0	21,600	7.00
8.00	DIETARY	0	0	0	0	6,837	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	581,229	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	117,493	10.00
11.00	MEDICAL RECORDS	0	0	0	0	73,869	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	93,265	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	55,729	0	74,300	13.00
14.00	PHARMACY	0	0	0	0	165,210	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	567,632	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	25,173	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			5,188,994	0	7,658,236	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	50,530	0	99,218	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	264,318	0	505,428	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	126,594	0	168,781	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)	61,907	580,637	2,271,641		9,159,726	100.00
101.00	UNIT COST MULTIPLIER	11.294837	16.957361	0.333245		0.877769	101.00

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

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

Period:
From 01/01/2019
To 12/31/2019

Worksheet O-6
Part II
Date/Time Prepared:
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Hospice I

	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	5,481					5.00
6.00	LAUNDRY & LINEN SERVICE	0	2,726				6.00
7.00	HOUSEKEEPING	0		5,481			7.00
8.00	DIETARY	0		0	2,726		8.00
9.00	NURSING ADMINISTRATION	0		0		51	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	5,481		5,481		51	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	414	0	414	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,312	0	2,312	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)	493,703	26,375	40,560	12,838	1,091,414	100.00
101.00	UNIT COST MULTIPLIER	90.075351	9.675348	7.400109	4.709464	21,400.274510	101.00

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

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

Period:
From 01/01/2019
To 12/31/2019

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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	74,067					10.00
11.00	MEDICAL RECORDS		74,067				11.00
12.00	STAFF TRANSPORTATION			74,067			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,182		13.00
14.00	PHARMACY			0	0	74,067	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	2,182	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	69,830	69,830	69,830	0	69,830	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	680	680	680	0	680	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,557	3,557	3,557	0	3,557	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)	220,625	138,709	175,130	139,518	310,226	100.00
101.00	UNIT COST MULTIPLIER	2.978722	1.872750	2.364481	63.940422	4.188451	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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To 12/31/2019

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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	74,067				15.00
16.00	OTHER GENERAL SERVICE		74,067			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	69,830	69,830			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	680	680	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,557	3,557	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)	1,065,882	1,812,464	0		100.00
101.00	UNIT COST MULTIPLIER	14.390781	24.470601	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 01/01/2019 To 12/31/2019 | Worksheet O-7 | Date/Time Prepared: 7/2/2020 10:55 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	0.369808	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.277429	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.331898	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.208231	0	0	0	4.00
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.922500	0	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.174275	0	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.214555	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	0.259504	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.087364	0	0	0	9.00
10.00	RH NBN ECMO IC	76.00	0.446110	0	0	0	10.00
10.01	CARDIOLOGY	76.01	0.066656	0	0	0	10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1.717932	0	0	0	10.02
10.03	CARDIAC CATH	76.03	0.083566	0	0	0	10.03
10.04	DAY SURGERY	76.04	0.512494	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	0.202327	0	0	0	10.08
10.97	CARDIAC REHABILITATION	76.97	0.358208	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 01/01/2019 To 12/31/2019 | Worksheet O-8 | Date/Time Prepared: 7/2/2020 10:55 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)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	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)			17,890,458	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			69,830	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			256.20	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	58,281	4,486		9.00
10.00	Program cost (line 8 times line 9)	14,931,592	1,149,313		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)			226,445	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			680	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			333.01	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	582	27		14.00
15.00	Program cost (line 13 times line 14)	193,812	8,991		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)			1,161,128	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,557	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			326.43	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,740	301		19.00
20.00	Program cost (line 18 times line 19)	894,418	98,255		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			19,278,031	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			74,067	22.00
23.00	Average cost per diem (line 21 divided by line 22)			260.28	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0056	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/2/2020 10:55 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	11,711,763	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	908,133	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)	877.86	3.00
4.00	Number of interns & residents (see instructions)	555.66	4.00
5.00	Indirect medical education percentage (see instructions)	19.55	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)	2,289,650	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.03	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	40.63	8.00
9.00	Sum of lines 7 and 8	47.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)	10.13	10.00
11.00	Disproportionate share adjustment (see instructions)	1,186,402	11.00
12.00	Total prospective capital payments (see instructions)	16,095,948	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