

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

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S
Parts I-III
Date/Time Prepared:
1/12/2021 3:07 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/12/2021	Time: 3:07 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☐ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☐ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RUSH UNIVERSITY MEDICAL CENTER (14-0119) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)_____
Title_____
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
			1.00	2.00			
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-9,831,609	1,878,968	0	0	1.00
2.00	Subprovider - IPF	0	104,984	-12		0	2.00
3.00	Subprovider - IRF	0	107,290	31		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	-9,619,335	1,878,987	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0119		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/12/2021 3:07 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1653 W. CONGRESS PARKWAY			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60612		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		RUSH UNIVERSITY MEDICAL CENTER	140119	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF		RUSH UNIVERSITY MEDICAL CENTER	14S119	16974	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF		RUSH UNIVERSITY MEDICAL CENTER	14T119	16974	5	07/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		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.					1	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
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.	10,190	6,706	0	0	32,473	602	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.	715	398	0	0	1,383		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.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		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	N	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
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	
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		
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		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

		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 adjustment? 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)		20.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.06	
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.07	
60.08	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.08	
60.09	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.09	
60.10	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.08	1	60.10	
60.11	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.09	1	60.11	
60.12	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.10	1	60.12	
60.13	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.11	1	60.13	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
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	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	22.85			303.92	0.069927	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	13.54	96.04	0.123563	65.00
65.01		MED/PEDS	1450	0.62	14.75	0.040338	65.01
65.02		OB GYNE	1750	2.94	17.92	0.140940	65.02
65.03		PEDIATRICS	2000	0.50	34.18	0.014418	65.03
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	19.50			361.86	0.051133	66.00

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				V 1.00	XIX 2.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	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)					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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
					1.00	2.00	3.00
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				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00	

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0
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		
119.00	DO NOT USE THIS LINE			
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	
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		
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	5.11	
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		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/01/1977		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	11/08/1996	03/05/2015	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	04/30/1991		
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.			
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		
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.			
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.			
133.00	Removed and reserved			
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.			
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)	N		
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
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.			
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		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0119		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/12/2021 3:07 pm	
				Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 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	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC	N	N	N	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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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)							9.99	169.00
						Beginning 1.00	Ending 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)					N		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 1/12/2021 3:07 pm
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 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 1.00	Type 2.00	Date 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 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N	N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N	N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N	N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N	N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	Y	Y		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICK	WELSCHER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.963.0822	MWELSCHER@BKD.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0119

Period:
From 07/01/2019
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Date/Time Prepared:
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		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.	MANAGING DIRECTOR	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: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00	30.00	397	139,744	0.00	0	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)						
2.00						2.00
HMO and other (see instructions)						
3.00						3.00
HMO IPF Subprovider						
4.00						4.00
HMO IRF Subprovider						
5.00					0	5.00
Hospital Adults & Peds. Swing Bed SNF						
6.00					0	6.00
Hospital Adults & Peds. Swing Bed NF						
7.00		397	139,744	0.00	0	7.00
Total Adults and Peds. (exclude observation beds) (see instructions)						
8.00						8.00
INTENSIVE CARE UNIT						
9.00						9.00
CORONARY CARE UNIT						
10.00						10.00
BURN INTENSIVE CARE UNIT						
11.00	34.00	110	20,490	0.00	0	11.00
SURGICAL INTENSIVE CARE UNIT						
12.00	35.00	55	20,121	0.00	0	12.00
MEDICAL INTENSIVE CARE UNIT						
12.01	35.01	36	8,775	0.00	0	12.01
PEDIATRIC INTENSIVE CARE UNIT						
12.02	35.02	60	21,960	0.00	0	12.02
PREMATURE INTENSIVE CARE UNIT						
13.00	43.00				0	13.00
NURSERY						
14.00		658	211,090	0.00	0	14.00
Total (see instructions)						
15.00					0	15.00
CAH visits						
16.00	40.00	24	7,699		0	16.00
SUBPROVIDER - IPF						
17.00	41.00	42	11,088		0	17.00
SUBPROVIDER - IRF						
18.00						18.00
SUBPROVIDER						
19.00						19.00
SKILLED NURSING FACILITY						
20.00						20.00
NURSING FACILITY						
21.00						21.00
OTHER LONG TERM CARE						
22.00						22.00
HOME HEALTH AGENCY						
23.00						23.00
AMBULATORY SURGICAL CENTER (D.P.)						
24.00						24.00
HOSPICE						
24.10	30.00					24.10
HOSPICE (non-distinct part)						
25.00						25.00
CMHC - CMHC						
26.00						26.00
RURAL HEALTH CLINIC						
26.25	89.00				0	26.25
FEDERALLY QUALIFIED HEALTH CENTER						
27.00		724				27.00
Total (sum of lines 14-26)						
28.00					0	28.00
Observation Bed Days						
29.00						29.00
Ambulance Trips						
30.00						30.00
Employee discount days (see instruction)						
31.00						31.00
Employee discount days - IRF						
32.00		10	3,397			32.00
Labor & delivery days (see instructions)						
32.01						32.01
Total ancillary labor & delivery room outpatient days (see instructions)						
33.00						33.00
LTCH non-covered days						
33.01						33.01
LTCH site neutral days and discharges						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	35,115	10,929	102,781			1.00
2.00	HMO and other (see instructions)	12,415	32,473				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	1,383				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	35,115	10,929	102,781			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	5,399	1,728	16,432			11.00
12.00	MEDICAL INTENSIVE CARE UNIT	6,389	1,942	18,469			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	0	379	3,605			12.01
12.02	PREMATURE INTENSIVE CARE UNIT	0	1,518	14,440			12.02
13.00	NURSERY		400	3,801			13.00
14.00	Total (see instructions)	46,903	16,896	159,528	604.61	9,433.06	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,152	368	4,551	4.75	46.70	16.00
17.00	SUBPROVIDER - IRF	3,018	113	8,608	3.03	49.60	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			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)				612.39	9,529.36	27.00
28.00	Observation Bed Days		0	7,482			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	602	1,155			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	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	8,736	3,068	168,675	1.00
2.00 HMO and other (see instructions)			2,000	6,152		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				107		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 MEDICAL INTENSIVE CARE UNIT						12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT						12.01
12.02 PREMATURE INTENSIVE CARE UNIT						12.02
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	8,736	3,068	168,675	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	134	56	697	16.00
17.00 SUBPROVIDER - IRF	0.00	0	241	87	669	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	909,043,144	0	909,043,144	19,821,078.20	45.86	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		3,445,654	0	3,445,654	33,527.10	102.77	3.00
4.00	Physician-Part A - Administrative		12,724,369	0	12,724,369	88,626.00	143.57	4.00
4.01	Physicians - Part A - Teaching		5,860,130	0	5,860,130	47,923.00	122.28	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	41,988,883	220,375	42,209,258	1,373,161.72	30.74	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)		352,576,707	-19,335,706	333,241,001	5,366,175.59	62.10	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,302,619	0	2,302,619	27,198.25	84.66	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
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)		118,923,554	0	118,923,554			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		74,002,896	0	74,002,896			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		607,384	0	607,384			21.00
22.00	Physician Part A - Administrative		2,083,210	0	2,083,210			22.00
22.01	Physician Part A - Teaching		982,372	0	982,372			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		11,670,667	0	11,670,667			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	4,911,283	-61,593	4,849,690	146,282.74	33.15	26.00
27.00	Administrative & General	5.00	154,843,014	-231,246	154,611,768	2,902,427.77	53.27	27.00
28.00	Administrative & General under contract (see inst.)		7,095,415	0	7,095,415	50,486.49	140.54	28.00
29.00	Maintenance & Repairs	6.00	6,410,009	0	6,410,009	248,201.60	25.83	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	794,132	0	794,132	37,349.82	21.26	31.00
32.00	Housekeeping	9.00	17,215,512	0	17,215,512	800,448.54	21.51	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,752,332	0	6,752,332	291,573.80	23.16	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	10,977,251	0	10,977,251	207,802.86	52.83	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	13,555,811	-622,966	12,932,845	285,503.95	45.30	40.00
41.00	Medical Records & Medical Records Library	16.00	18,401,894	0	18,401,894	443,765.42	41.47	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	28,812,830	16,988,961	45,801,791	971,965.67	47.12	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
1/12/2021 3:07 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	864,843,892	-220,375	864,623,517	18,416,952.87	46.95	1.00
2.00	Excluded area salaries (see instructions)	352,576,707	-19,335,706	333,241,001	5,366,175.59	62.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	512,267,185	19,115,331	531,382,516	13,050,777.28	40.72	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,302,619	0	2,302,619	27,198.25	84.66	4.00
5.00	Subtotal wage-related costs (see inst.)	121,006,764	0	121,006,764	0.00	22.77	5.00
6.00	Total (sum of lines 3 thru 5)	635,576,568	19,115,331	654,691,899	13,077,975.53	50.06	6.00
7.00	Total overhead cost (see instructions)	269,769,483	16,073,156	285,842,639	6,385,808.66	44.76	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
1/12/2021 3:07 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	19,499,773	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	17,117,945	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	73,131,785	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,875,269	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,633,713	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,045,465	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	170,780	16.00
TAXES			
17.00	FICA-Employers Portion Only	63,308,079	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	2,280,154	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	12,632,057	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	199,695,020	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: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,302,619	199,695,020	1.00
2.00	Hospital	2,302,619	198,124,359	2.00
3.00	Subprovider - IPF	0	721,111	3.00
4.00	Subprovider - IRF	0	849,550	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 1/12/2021 3:07 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.300716 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	150,671,551		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	30,536,261		5.00
6.00	Medicaid charges	799,641,796		6.00
7.00	Medicaid cost (line 1 times line 6)	240,465,082		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)	59,257,270		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	59,257,270		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)	59,502,511	2,996,321	62,498,832 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	17,893,357	2,996,321	20,889,678 21.00
22.00	Payments received from patients for amounts previously written off as charity care	91,452	152,545	243,997 22.00
23.00	Cost of charity care (line 21 minus line 22)	17,801,905	2,843,776	20,645,681 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)	33,624,585		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	5,513,613		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	8,482,482		27.01
28.00	Non-Medicare bad debt expense (see instructions)	25,142,103		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	10,529,502		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	31,175,183		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	90,432,453		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	-77,515,779	-77,515,779	97,877,411	20,361,632	1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	0	4,706,984	4,706,984	1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	0	4,553,393	4,553,393	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	0	5,326,947	5,326,947	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	0	7,236,352	7,236,352	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	1,301,693	1,301,693	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	845,542	845,542	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	330,775	330,775	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	782,565	782,565	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	1,557,008	1,557,008	1.10
1.11	00111	DEPRECIATION JRB	0	0	49,652	49,652	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	60,043,049	60,043,049	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	532,762	532,762	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	31,389	31,389	1.15
1.16	00116	DEPRECIATION COHN	0	0	1,362,701	1,362,701	1.16
1.17	00117	DEPRECIATION TOWER	0	0	17,360,511	17,360,511	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
2.01	00201	INTEREST GENERAL	0	0	4,487,160	4,487,160	2.01
2.02	00202	INTEREST DIRECT BLDG	0	0	1,648,531	1,648,531	2.02
2.03	00203	INTEREST ATRUM PAV	0	0	2,685,928	2,685,928	2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	349,147	349,147	2.04
2.05	00205	INTEREST TOB	0	0	577,824	577,824	2.05
2.06	00206	INTEREST PRO BLDG III	0	0	15,914	15,914	2.06
2.07	00207	INTEREST TOWER	0	0	11,278,835	11,278,835	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	83,773	83,773	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,911,283	9,818,669	14,729,952	190,107,052	4.00
5.01	00590	TRANSITION RECRUITMENT	0	66,921,267	66,921,267	0	5.01
5.02	00540	PARKING GARAGE	0	7,777,439	7,777,439	718,984	5.02
5.03	00591	RESEARCH ADMINISTRATION	4,980,908	12,034,827	17,015,735	-9,213,151	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	3,174,575	3,595,401	6,769,976	-891,563	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	3,505,089	1,106,883	4,611,972	-984,792	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,879,788	1,077,517	2,957,305	-2,041,667	5.06
5.07	00595	ADMIN & GEN PT SERVICE	38,360,471	35,788,282	74,148,753	60,044,701	5.07
5.08	00596	PERSONNEL DEPARTMENT	5,387,158	5,574,867	10,962,025	-1,569,132	5.08
5.09	00597	RESEARCH FACULTY	8,011,792	4,789,897	12,801,689	-2,790,926	5.09
5.10	00598	RESEARCH SPA	5,003,212	3,891,334	8,894,546	-1,633,040	5.10
5.11	00560	CORPORATE ADMINISTRATION	84,540,021	232,973,749	317,513,770	-95,570,657	5.11
6.00	00600	MAINTENANCE & REPAIRS	6,410,009	56,646,326	63,056,335	-1,612,787	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	794,132	3,324,954	4,119,086	-560,836	8.00
9.00	00900	HOUSEKEEPING	17,215,512	7,291,709	24,507,221	-4,132,935	9.00
10.00	01000	DIETARY	460,209	330,977	791,186	-256,457	10.00
10.01	01001	PATIENT FOOD SERVICE	6,292,123	5,257,973	11,550,096	-3,392,537	10.01
11.00	01100	CAFETERIA	0	1,220,042	1,220,042	-1,187,059	11.00
13.00	01300	NURSING ADMINISTRATION	10,977,251	8,088,090	19,065,341	-3,623,178	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,939,754	2,939,754	-2,939,656	14.00
15.00	01500	PHARMACY	13,555,811	167,199,389	180,755,200	-156,124,523	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,319,597	4,946,481	10,266,078	-2,183,826	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	13,082,297	6,753,930	19,836,227	-3,910,601	16.01
18.00	01850	CLINICAL LAB ADMIN MED	608,197	145,967	754,164	-145,967	18.00
18.01	01800	CLINICAL LAB ADMIN PED	154,278	37,270	191,548	33,576	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,860,159	1,692,229	3,552,388	-953,605	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,827,275	1,369,754	3,197,029	306,195	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	83,567	20,944	104,511	159,334	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	54,762	1,580,226	1,634,988	-968,455	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	101,968	5,237,250	5,339,218	1,083,468	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	1,294,923	553,215	1,848,138	412,538	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	380,397	525,608	906,005	-96,406	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	20,715,000	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	8,116,427	-11,198,703	-3,082,276	15,880,497	18.14
18.16	01861	NURSING SCHOOL SPLIT	14,330,877	15,872,279	30,203,156	-13,910,115	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	3,445,654	19.00
20.00	02000	NURSING SCHOOL	0	0	0	6,338,586	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	41,988,883	22,155,212	64,144,095	-19,069,999	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,946,166	4,512,677	11,458,843	-1,092,574	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,742,114	8,316,353	10,058,467	-9,218,256	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	568,444	171,819	740,263	-774	23.01
23.02	02302	PARAMED DIETARY	300,691	133,967	434,658	-10,661	23.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
23.03	02303	PARAMED SPEECH	1,356,101	619,622	1,975,723	823	1,976,546	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,045,833	387,687	1,433,520	-27,796	1,405,724	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	14,385	14,385	229,075	243,460	23.05
23.06	02306	PARAMED PASTORAL CARE	163,602	37,102	200,704	646,315	847,019	23.06
23.07	02307	PARAMED TECHNOLOGY	503,266	243,240	746,506	76,082	822,588	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	205,710	121,400	327,110	79,982	407,092	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	653,015	653,015	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	456,997	177,823	634,820	-10,125	624,695	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	923,598	465,133	1,388,731	256,310	1,645,041	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,859,590	42,742,258	101,601,848	-34,848,802	66,753,046	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,357,462	10,098,004	26,455,466	-7,019,848	19,435,618	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	16,872,687	11,245,245	28,117,932	-7,323,585	20,794,347	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,207,245	2,633,338	6,840,583	-1,933,845	4,906,738	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	10,459,843	6,488,584	16,948,427	-5,280,972	11,667,455	35.02
40.00	04000	SUBPROVIDER - IPF	3,282,612	2,714,788	5,997,400	-2,627,749	3,369,651	40.00
41.00	04100	SUBPROVIDER - IRF	3,867,287	2,907,957	6,775,244	-2,687,996	4,087,248	41.00
43.00	04300	NURSERY	0	0	0	1,375,674	1,375,674	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,690,420	100,823,481	115,513,901	-85,572,193	29,941,708	50.00
51.00	05100	RECOVERY ROOM	4,377,271	3,820,080	8,197,351	-3,261,556	4,935,795	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,002,972	3,689,179	8,692,151	-2,739,641	5,952,510	52.00
53.00	05300	ANESTHESIOLOGY	4,534,914	5,464,470	9,999,384	-5,485,186	4,514,198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,289,022	20,571,320	35,860,342	-17,274,024	18,586,318	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,740,532	7,836,410	11,576,942	-2,665,284	8,911,658	55.00
56.00	05600	RADIOISOTOPE	578,161	1,988,603	2,566,764	-574,856	1,991,908	56.00
60.00	06000	LABORATORY	22,132,495	45,106,404	67,238,899	-10,354,041	56,884,858	60.00
60.01	06002	LABORATORY - HLA	594,554	1,327,739	1,922,293	-244,858	1,677,435	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,733,164	9,556,085	11,289,249	-772,926	10,516,323	62.00
64.00	06400	INTRAVENOUS THERAPY	0	-2,027	-2,027	0	-2,027	64.00
65.00	06500	RESPIRATORY THERAPY	6,572,734	5,978,071	12,550,805	-2,053,425	10,497,380	65.00
66.00	06600	PHYSICAL THERAPY	4,308,873	2,171,206	6,480,079	-1,928,250	4,551,829	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,213,363	1,703,284	4,916,647	-1,601,910	3,314,737	67.00
68.00	06800	SPEECH PATHOLOGY	2,022,086	1,338,512	3,360,598	-1,047,746	2,312,852	68.00
69.00	06900	ELECTROCARDIOLOGY	4,794,556	21,911,051	26,705,607	-20,778,370	5,927,237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,231,748	608,306	1,840,054	-472,126	1,367,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,386,249	33,386,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	68,411,975	68,411,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	150,903,800	150,903,800	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	5,093,743	5,093,743	-56,346	5,037,397	76.00
76.01	03550	PSYCH DAY HOSPITAL	2,958,621	1,477,609	4,436,230	-1,177,609	3,258,621	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,225,892	55,562,800	84,788,692	-18,795,341	65,993,351	90.00
91.00	09100	EMERGENCY	11,099,115	8,365,415	19,464,530	-6,350,449	13,114,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,561,644	3,856,724	5,418,368	-492,630	4,925,738	105.00
106.00	10600	HEART ACQUISITION	0	99	99	0	99	106.00
107.00	10700	LIVER ACQUISITION	816,156	2,319,573	3,135,729	-232,338	2,903,391	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	58,786	369,952	428,738	-14,395	414,343	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	573,319,278	1,014,794,700	1,588,113,978	194,498,378	1,782,612,356	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,139,937	3,615,537	4,755,474	-1,698,885	3,056,589	190.00
190.01	19001	FUND RAISING	8,837,255	4,878,051	13,715,306	-2,084,349	11,630,957	190.01
190.02	19002	RUSH DAY SCHOOL	1,580,739	764,622	2,345,361	-379,378	1,965,983	190.02
191.00	19100	RESEARCH	0	0	0	45,157,675	45,157,675	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	31,257,372	31,257,372	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	69,922,607	82,189,257	152,111,864	-143,649,589	8,462,275	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	221,146,879	148,856,797	370,003,676	-106,490,165	263,513,511	192.00
194.00	07950	MEDICAL COLLEGE	13,741,527	21,229,605	34,971,132	-11,914,376	23,056,756	194.00
194.01	07951	AFFIL CORP ARC VENTURES	9,439,812	48,740,598	58,180,410	-2,606,408	55,574,002	194.01
194.02	07952	AFFIL CORP ROOM 500	1,089,463	2,307,083	3,396,546	0	3,396,546	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	8,762,717	27,711,044	36,473,761	-2,076,430	34,397,331	194.03
194.04	07954	CON - GNE	62,930	13,845	76,775	-13,845	62,930	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	909,043,144	1,355,101,139	2,264,144,283	0	2,264,144,283	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	-47,596	20,314,036	1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	4,706,984	1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	4,553,393	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	5,326,947	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	7,236,352	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	1,301,693	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	845,542	1.07
1.08	00108	DEPRECIATION WOOD ST	0	330,775	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	782,565	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,557,008	1.10
1.11	00111	DEPRECIATION JRB	0	49,652	1.11
1.12	00112	DEPRECIATION TOB	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	60,043,049	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	532,762	1.14
1.15	00115	DEPRECIATION KIDSTON	0	31,389	1.15
1.16	00116	DEPRECIATION COHN	0	1,362,701	1.16
1.17	00117	DEPRECIATION TOWER	0	17,360,511	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	00201	INTEREST GENERAL	-4,487,160	0	2.01
2.02	00202	INTEREST DIRECT BLDG	-1,648,531	0	2.02
2.03	00203	INTEREST ATRUM PAV	-2,685,928	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH	-349,147	0	2.04
2.05	00205	INTEREST TOB	-577,824	0	2.05
2.06	00206	INTEREST PRO BLDG III	-15,914	0	2.06
2.07	00207	INTEREST TOWER	-11,278,835	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	-83,773	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-10,939,433	193,897,571	4.00
5.01	00590	TRANSITION RECRUITMENT	-66,905,074	16,193	5.01
5.02	00540	PARKING GARAGE	-10,141,398	-1,644,975	5.02
5.03	00591	RESEARCH ADMINISTRATION	-340,788	7,461,796	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	-12,900	5,865,513	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	-470	3,626,710	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	-68,666	846,972	5.06
5.07	00595	ADMIN & GEN PT SERVICE	-2,325,388	131,868,066	5.07
5.08	00596	PERSONNEL DEPARTMENT	-661,776	8,731,117	5.08
5.09	00597	RESEARCH FACULTY	-1,102,569	8,908,194	5.09
5.10	00598	RESEARCH SPA	-655,574	6,605,932	5.10
5.11	00560	CORPORATE ADMINISTRATION	-133,317,542	88,625,571	5.11
6.00	00600	MAINTENANCE & REPAIRS	-5,422,941	56,020,607	6.00
6.01	00601	RENTED SPACE COSTS	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	-119,969	3,438,281	8.00
9.00	00900	HOUSEKEEPING	-103,156	20,271,130	9.00
10.00	01000	DIETARY	-38,805	495,924	10.00
10.01	01001	PATIENT FOOD SERVICE	-59,867	8,097,692	10.01
11.00	01100	CAFETERIA	-580,992	-548,009	11.00
13.00	01300	NURSING ADMINISTRATION	-537,717	14,904,446	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-32	66	14.00
15.00	01500	PHARMACY	-35,564	24,595,113	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,994	8,064,258	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	-324,315	15,601,311	16.01
18.00	01850	CLINICAL LAB ADMIN MED	-233,763	374,434	18.00
18.01	01800	CLINICAL LAB ADMIN PED	-110	225,014	18.01
18.02	01851	CLINICAL LAB ADMIN OB	-112,298	2,486,485	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	-217,609	3,285,615	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	-8,402	255,443	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	-5,587	660,946	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	-151,833	6,270,853	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	-174,113	2,086,563	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	-6,520	803,079	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	20,715,000	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	-943,833	11,854,388	18.14
18.16	01861	NURSING SCHOOL SPLIT	-356,977	15,936,064	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	-3,445,654	0	19.00
20.00	02000	NURSING SCHOOL	-28,255,374	-21,916,788	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-810,180	44,263,916	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,366,194	9,000,075	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	-2,014,321	-1,174,110	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-1,230,941	-491,452	23.01
23.02	02302	PARAMED DIETARY	-1,022,209	-598,212	23.02
23.03	02303	PARAMED SPEECH	-4,423,687	-2,447,141	23.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-3,907,314	-2,501,590	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	-17,518	225,942	23.05
23.06	02306	PARAMED PASTORAL CARE	-33	846,986	23.06
23.07	02307	PARAMED TECHNOLOGY	-1,950,458	-1,127,870	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-612,564	-205,472	23.08
23.09	02309	PARAMED PHARMACY	0	653,015	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-780,251	-155,556	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-2,925,039	-1,279,998	23.11
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-109,849	66,643,197	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,762	19,433,856	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	-593,725	20,200,622	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-8,337	4,898,401	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	-36,853	11,630,602	35.02
40.00	04000	SUBPROVIDER - IPF	-2,054	3,367,597	40.00
41.00	04100	SUBPROVIDER - IRF	-3,143	4,084,105	41.00
43.00	04300	NURSERY	0	1,375,674	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-323,280	29,618,428	50.00
51.00	05100	RECOVERY ROOM	-3,932	4,931,863	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,009	5,951,501	52.00
53.00	05300	ANESTHESIOLOGY	-15,789	4,498,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-114,288	18,472,030	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-8,179	8,903,479	55.00
56.00	05600	RADIOISOTOPE	-197	1,991,711	56.00
60.00	06000	LABORATORY	-2,553,048	54,331,810	60.00
60.01	06002	LABORATORY - HLA	-203	1,677,232	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-129,172	10,387,151	62.00
64.00	06400	INTRAVENOUS THERAPY	0	-2,027	64.00
65.00	06500	RESPIRATORY THERAPY	-8,838	10,488,542	65.00
66.00	06600	PHYSICAL THERAPY	-2,016	4,549,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,238	3,310,499	67.00
68.00	06800	SPEECH PATHOLOGY	-19,089	2,293,763	68.00
69.00	06900	ELECTROCARDIOLOGY	-15,155	5,912,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-127	1,367,801	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,386,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	68,411,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-318,285	150,585,515	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	-68	5,037,329	76.00
76.01	03550	PSYCH DAY HOSPITAL	-49,164	3,209,457	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-378,493	65,614,858	90.00
91.00	09100	EMERGENCY	-48,345	13,065,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-146,145	4,779,593	105.00
106.00	10600	HEART ACQUISITION	0	99	106.00
107.00	10700	LIVER ACQUISITION	-215,166	2,688,225	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	-14,648	399,695	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-314,985,017	1,467,627,339	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	3,056,589	190.00
190.01	19001	FUND RAISING	0	11,630,957	190.01
190.02	19002	RUSH DAY SCHOOL	0	1,965,983	190.02
191.00	19100	RESEARCH	0	45,157,675	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	31,257,372	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	8,462,275	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	263,513,511	192.00
194.00	07950	MEDICAL COLLEGE	0	23,056,756	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	55,574,002	194.01
194.02	07952	AFFIL CORP ROOM 500	0	3,396,546	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	34,397,331	194.03
194.04	07954	CON - GNE	0	62,930	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-314,985,017	1,949,159,266	200.00

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
1/12/2021 3:07 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	197,560,911	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: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
TOTALS			0	197,560,911		
B - PARKING GARAGE						
1.00	PARKING GARAGE	5.02	0	728,624		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
TOTALS			0	728,624		
C - PROPERTY INSURANCE						
1.00	DEPRECIATION EQUIPMENT	1.13	0	4,331,920		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,909		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
TOTALS			0	4,344,829		
D - CENTRAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	385,285		1.00
TOTALS			0	385,285		
E - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	150,969,853		1.00
TOTALS			0	150,969,853		

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
1/12/2021 3:07 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
F - SPACE RECHARGE					
1.00 DEPRECIATION OLD HOSPITAL	1.01	0	127,625,424		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
TOTALS		0	127,625,424		

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
G - CORPORATE OVERHEAD					
1.00	CORPORATE ADMINISTRATION	5.11	0	79,071,301	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	21,214,309	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
	TOTALS		0	100,285,610	
H - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	3,445,654	0	1.00
	TOTALS		3,445,654	0	
I - DATA CENTER					
1.00	ADMIN & GEN PT SERVICE	5.07	21,731,241	51,237,745	1.00
	TOTALS		21,731,241	51,237,745	
J - PASTORAL EDUCATION					
1.00	PARAMED PASTORAL CARE	23.06	467,852	189,896	1.00
	TOTALS		467,852	189,896	
K - MALPRACTICE					
1.00	CORPORATE ADMINISTRATION	5.11	0	21,238,157	1.00
	TOTALS		0	21,238,157	
L - DEPRECIATION					
1.00	DEPRECIATION DIRECT BLDG	1.02	0	4,703,801	1.00
2.00	DEPRECIATION KELLOGG PAV	1.03	0	4,342,456	2.00
3.00	DEPRECIATION JELKE SOUTH	1.04	0	5,112,499	3.00
4.00	DEPRECIATION ATRIUM PAV	1.05	0	7,079,880	4.00
5.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,158,442	5.00
6.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	743,742	6.00
7.00	DEPRECIATION WOOD ST	1.08	0	330,775	7.00
8.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	714,162	8.00
9.00	DEPRECIATION PRO BLDG III	1.10	0	1,490,220	9.00
10.00	DEPRECIATION EQUIPMENT	1.13	0	55,711,129	10.00
11.00	DEPRECIATION ORTHOPEDICS	1.14	0	532,762	11.00
12.00	DEPRECIATION KIDSTON	1.15	0	15,257	12.00
13.00	DEPRECIATION COHN	1.16	0	1,362,039	13.00
14.00	DEPRECIATION TOWER	1.17	0	17,351,789	14.00
	TOTALS		0	100,648,953	
M - INTEREST					
1.00	INTEREST GENERAL	2.01	0	4,487,160	1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,648,531	2.00
3.00	INTEREST ATRUM PAV	2.03	0	2,685,928	3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	349,147	4.00
5.00	INTEREST TOB	2.05	0	577,824	5.00
6.00	INTEREST PRO BLDG III	2.06	0	15,914	6.00
7.00	INTEREST TOWER	2.07	0	11,278,835	7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	83,773	8.00
	TOTALS		0	21,127,112	
N - NURSERY					
1.00	NURSERY	43.00	1,257,021	118,653	1.00
	TOTALS		1,257,021	118,653	
O - PHYSICS PARAMEDICAL EDUCATION					
1.00	PARAMED MEDICAL PHYSICS	23.05	203,936	25,139	1.00
	TOTALS		203,936	25,139	
P - INTERNS & RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,461,710	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		1,461,710	0	
Q - NON-RESEARCH					
1.00	RESEARCH ADMINISTRATION	5.03	65,625	17,916	1.00
2.00	ADMIN & GEN PT SERVICE	5.07	403,845	151,600	2.00
3.00	RESEARCH FACULTY	5.09	138,243	78,174	3.00
4.00	CLINICAL LAB ADMIN PED	18.01	52,902	17,701	4.00
5.00	CLINICAL LAB ADMIN OB	18.02	33,846	5,691	5.00
6.00	CLINICAL LAB ADMIN SURG	18.03	127,949	1,060,072	6.00
7.00	CLINICAL LAB ADMIN PSYCH	18.04	151,345	27,638	7.00
8.00	CLINICAL LAB ADMIN PATH	18.05	15,238	12,628	8.00

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	CLINICAL LAB ADMIN CARD	18.06	897,740	210,200	9.00
10.00	CLINICAL LAB ADMIN NEUR	18.08	548,919	209,558	10.00
11.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	664,903	0	11.00
12.00	NURSING SCHOOL SPLIT	18.16	406,477	0	12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	762,616	250,713	13.00
14.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	5,474	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	202,414	15.00
16.00	LABORATORY	60.00	1,449,827	337,833	16.00
17.00	ELECTROCARDIOLOGY	69.00	299,853	140,049	17.00
18.00	PSYCH DAY HOSPITAL	76.01	54,283	9,127	18.00
19.00	FUND RAISING	190.01	7,586	36,093	19.00
	TOTALS		6,086,671	2,767,407	
R - HEALTH SYSTEM MANAGEMENT					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	575,508	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	TOTALS		575,508	0	
S - TUITION ASSISTANCE					
1.00	NURSING SCHOOL	20.00	0	6,338,586	1.00
2.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	819,173	2.00
	TOTALS		0	7,157,759	
T - ASSET ACCRETION					
1.00	DEPRECIATION DIRECT BLDG	1.02	0	3,183	1.00
2.00	DEPRECIATION KELLOGG PAV	1.03	0	210,937	2.00
3.00	DEPRECIATION JELKE SOUTH	1.04	0	214,448	3.00
4.00	DEPRECIATION ATRIUM PAV	1.05	0	156,472	4.00
5.00	DEPRECIATION PRO BLDG NORTH	1.06	0	143,251	5.00
6.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	101,800	6.00
7.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	68,403	7.00
8.00	DEPRECIATION PRO BLDG III	1.10	0	66,788	8.00
9.00	DEPRECIATION JRB	1.11	0	49,652	9.00
10.00	DEPRECIATION KIDSTON	1.15	0	16,132	10.00
11.00	DEPRECIATION COHN	1.16	0	662	11.00
12.00	DEPRECIATION TOWER	1.17	0	8,722	12.00
	TOTALS		0	1,040,450	
U - SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,000,964	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	68,411,975	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	TOTALS		0	101,412,939	
V - PHARMACY PARAMEDICAL EDUCATION					
1.00	PARAMED PHARMACY	23.09	622,966	30,049	1.00
	TOTALS		622,966	30,049	
W - DEAN'S OFFICE					
1.00	PARAMED MEDICAL PERFUSION TECH	23.01	79,292	55,990	1.00
2.00	PARAMED DIETARY	23.02	41,943	49,482	2.00
3.00	PARAMED SPEECH	23.03	189,162	262,635	3.00
4.00	PARAMED OCCUPATIONAL THERAPY	23.04	145,883	130,593	4.00
5.00	PARAMED PASTORAL CARE	23.06	22,821	1,738	5.00
6.00	PARAMED TECHNOLOGY	23.07	70,201	151,477	6.00
7.00	PARAMED VASCULAR ULTRASOUND	23.08	28,694	105,079	7.00
8.00	PARAMED RESPIRATORY THERAPY	23.10	63,746	63,434	8.00
9.00	PARAMED PHYSICIANS ASSISTANT	23.11	128,833	358,558	9.00
10.00	MEDICAL COLLEGE	194.00	93,122	306,207	10.00
	TOTALS		863,697	1,485,193	
X - RESEARCH					
1.00	DISCRETIONARY OPERATIONS	18.12	20,214,201	7,099,666	1.00
2.00	RESEARCH	191.00	23,593,838	21,568,909	2.00
3.00	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	18,820,960	12,482,041	3.00
	TOTALS		62,628,999	41,150,616	
500.00	Grand Total: Increases		99,345,255	931,530,604	500.00

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

	Decreases						1/12/2021 3:07 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00	RESEARCH ADMINISTRATION	5.03	0	1,095,800	0		1.00
2.00	ADMIN & GEN INPT SERVICE	5.04	0	761,898	0		2.00
3.00	ADMIN & GEN OUTPT SERVICE	5.05	0	841,221	0		3.00
4.00	ADMIN & GEN ANIMAL LAB	5.06	0	413,553	0		4.00
5.00	ADMIN & GEN PT SERVICE	5.07	0	9,233,384	0		5.00
6.00	PERSONNEL DEPARTMENT	5.08	0	1,292,918	0		6.00
7.00	RESEARCH FACULTY	5.09	0	1,762,598	0		7.00
8.00	RESEARCH SPA	5.10	0	1,100,705	0		8.00
9.00	CORPORATE ADMINISTRATION	5.11	0	19,334,435	0		9.00
10.00	MAINTENANCE & REPAIRS	6.00	0	1,538,401	0		10.00
11.00	LAUNDRY & LINEN SERVICE	8.00	0	190,592	0		11.00
12.00	HOUSEKEEPING	9.00	0	4,131,735	0		12.00
13.00	DIETARY	10.00	0	110,449	0		13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,510,110	0		14.00
15.00	CAFETERIA	11.00	0	946	0		15.00
16.00	NURSING ADMINISTRATION	13.00	0	2,634,687	0		16.00
17.00	PHARMACY	15.00	0	3,253,395	0		17.00
18.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,276,703	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.01	0	3,139,750	0		19.00
20.00	CLINICAL LAB ADMIN MED	18.00	0	145,967	0		20.00
21.00	CLINICAL LAB ADMIN PED	18.01	0	37,027	0		21.00
22.00	CLINICAL LAB ADMIN OB	18.02	0	446,438	0		22.00
23.00	CLINICAL LAB ADMIN SURG	18.03	0	438,548	0		23.00
24.00	CLINICAL LAB ADMIN PSYCH	18.04	0	19,649	0		24.00
25.00	CLINICAL LAB ADMIN PATH	18.05	0	13,143	0		25.00
26.00	CLINICAL LAB ADMIN CARD	18.06	0	24,472	0		26.00
27.00	CLINICAL LAB ADMIN NEUR	18.08	0	310,781	0		27.00
28.00	CLINICAL LAB ADMIN OCLS	18.09	0	91,295	0		28.00
29.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	1,802,825	0		29.00
30.00	NURSING SCHOOL SPLIT	18.16	0	3,153,226	0		30.00
31.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	10,087,417	0		31.00
32.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,667,094	0		32.00
33.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	383,265	0		33.00
34.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	125,058	0		34.00
35.00	PARAMED DIETARY	23.02	0	66,152	0		35.00
36.00	PARAMED SPEECH	23.03	0	298,342	0		36.00
37.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	230,083	0		37.00
38.00	PARAMED PASTORAL CARE	23.06	0	35,992	0		38.00
39.00	PARAMED TECHNOLOGY	23.07	0	110,718	0		39.00
40.00	PARAMED VASCULAR ULTRASOUND	23.08	0	45,256	0		40.00
41.00	PARAMED RESPIRATORY THERAPY	23.10	0	100,539	0		41.00
42.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	203,241	0		42.00
43.00	ADULTS & PEDIATRICS	30.00	0	14,126,303	0		43.00
44.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,925,791	0		44.00
45.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	4,049,446	0		45.00
46.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,009,739	0		46.00
47.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,510,363	0		47.00
48.00	SUBPROVIDER - IPF	40.00	0	787,827	0		48.00
49.00	SUBPROVIDER - IRF	41.00	0	928,148	0		49.00
50.00	OPERATING ROOM	50.00	0	3,525,701	0		50.00
51.00	RECOVERY ROOM	51.00	0	1,050,544	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,200,714	0		52.00
53.00	ANESTHESIOLOGY	53.00	0	1,088,380	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,684,720	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	55.00	0	897,728	0		55.00
56.00	RADIOISOTOPE	56.00	0	138,759	0		56.00
57.00	LABORATORY	60.00	0	5,311,724	0		57.00
58.00	LABORATORY - HLA	60.01	0	142,693	0		58.00
59.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	415,960	0		59.00
60.00	RESPIRATORY THERAPY	65.00	0	1,577,456	0		60.00
61.00	PHYSICAL THERAPY	66.00	0	1,034,129	0		61.00
62.00	OCCUPATIONAL THERAPY	67.00	0	771,208	0		62.00
63.00	SPEECH PATHOLOGY	68.00	0	485,302	0		63.00
64.00	ELECTROCARDIOLOGY	69.00	0	1,150,694	0		64.00
65.00	ELECTROENCEPHALOGRAPHY	70.00	0	295,620	0		65.00
66.00	PSYCH DAY HOSPITAL	76.01	0	710,069	0		66.00

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

	Decreases						1/12/2021 3:07 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
67.00	CLINIC	90.00	0	5,288,958	0		67.00
68.00	EMERGENCY	91.00	0	2,663,788	0		68.00
69.00	KIDNEY ACQUISITION	105.00	0	374,795	0		69.00
70.00	LIVER ACQUISITION	107.00	0	195,878	0		70.00
71.00	PANCREAS ACQUISITION	109.00	0	14,109	0		71.00
72.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	271,906	0		72.00
73.00	FUND RAISING	190.01	0	2,120,953	0		73.00
74.00	RUSH DAY SCHOOL	190.02	0	379,378	0		74.00
75.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	15,382,974	0		75.00
76.00	PHYSICIANS PRIVATE OFFICES	192.00	0	39,614,161	0		76.00
77.00	MEDICAL COLLEGE	194.00	0	3,023,136	0		77.00
78.00	AFFIL CORP ARC VENTURES	194.01	0	2,265,967	0		78.00
79.00	AFFIL CORP JOINT VENTURES	194.03	0	1,672,237	0		79.00
80.00	CON - GNE	194.04	0	13,845	0		80.00
	TOTALS		0	197,560,911			
B - PARKING GARAGE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,200	0		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	3,350	0		2.00
3.00	ADMIN & GEN OUTPT SERVICE	5.05	0	500	0		3.00
4.00	ADMIN & GEN ANIMAL LAB	5.06	0	948	0		4.00
5.00	ADMIN & GEN PT SERVICE	5.07	0	2,720	0		5.00
6.00	PERSONNEL DEPARTMENT	5.08	0	39,000	0		6.00
7.00	RESEARCH FACULTY	5.09	0	6,100	0		7.00
8.00	RESEARCH SPA	5.10	0	1,990	0		8.00
9.00	CORPORATE ADMINISTRATION	5.11	0	18,740	0		9.00
10.00	MAINTENANCE & REPAIRS	6.00	0	300	0		10.00
11.00	HOUSEKEEPING	9.00	0	1,200	0		11.00
12.00	DIETARY	10.00	0	200	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	1,800	0		13.00
14.00	PHARMACY	15.00	0	1,500	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	200	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.01	0	810	0		16.00
17.00	CLINICAL LAB ADMIN OB	18.02	0	300	0		17.00
18.00	CLINICAL LAB ADMIN PATH	18.05	0	300	0		18.00
19.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	20,460	0		19.00
20.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	454,646	0		20.00
21.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	9,000	0		21.00
22.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	1,300	0		22.00
23.00	PARAMED SPEECH	23.03	0	5,000	0		23.00
24.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	500	0		24.00
25.00	PARAMED TECHNOLOGY	23.07	0	900	0		25.00
26.00	PARAMED VASCULAR ULTRASOUND	23.08	0	1,300	0		26.00
27.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	300	0		27.00
28.00	ADULTS & PEDIATRICS	30.00	0	7,200	0		28.00
29.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	100	0		29.00
30.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	300	0		30.00
31.00	SUBPROVIDER - IRF	41.00	0	1,100	0		31.00
32.00	RECOVERY ROOM	51.00	0	7,520	0		32.00
33.00	ANESTHESIOLOGY	53.00	0	1,700	0		33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,430	0		34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	0	300	0		35.00
36.00	LABORATORY	60.00	0	3,500	0		36.00
37.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	300	0		37.00
38.00	RESPIRATORY THERAPY	65.00	0	600	0		38.00
39.00	SPEECH PATHOLOGY	68.00	0	930	0		39.00
40.00	PSYCH DAY HOSPITAL	76.01	0	30,840	0		40.00
41.00	CLINIC	90.00	0	20,610	0		41.00
42.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	3,420	0		42.00
43.00	FUND RAISING	190.01	0	3,600	0		43.00
44.00	PHYSICIANS PRIVATE OFFICES	192.00	0	43,750	0		44.00
45.00	MEDICAL COLLEGE	194.00	0	19,860	0		45.00
	TOTALS		0	728,624			

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

	Decreases						1/12/2021 3:07 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	C - PROPERTY INSURANCE						
1.00	PARKING GARAGE	5.02	0	9,640	12		1.00
2.00	CORPORATE ADMINISTRATION	5.11	0	3,898,177	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	21,796	0		3.00
4.00	CAFETERIA	11.00	0	1,028	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,410	0		5.00
6.00	LABORATORY	60.00	0	2,410	0		6.00
7.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	5,175	0		7.00
8.00	AFFIL CORP JOINT VENTURES	194.03	0	404,193	0		8.00
	TOTALS		0	4,344,829			
	D - CENTRAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	385,285	0		1.00
	TOTALS		0	385,285			
	E - PHARMACY						
1.00	PHARMACY	15.00	0	150,969,853	0		1.00
	TOTALS		0	150,969,853			
	F - SPACE RECHARGE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	243,216	9		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	8,162,579	0		2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	129,665	0		3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	143,071	0		4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	1,627,166	0		5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	3,527,125	0		6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	221,489	0		7.00
8.00	RESEARCH FACULTY	5.09	0	1,233,467	0		8.00
9.00	RESEARCH SPA	5.10	0	530,110	0		9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	6,335,022	0		10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	52,290	0		11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	370,244	0		12.00
13.00	DIETARY	10.00	0	145,808	0		13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,882,427	0		14.00
15.00	CAFETERIA	11.00	0	1,185,085	0		15.00
16.00	NURSING ADMINISTRATION	13.00	0	986,691	0		16.00
17.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,554,371	0		17.00
18.00	PHARMACY	15.00	0	1,246,760	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	906,923	0		19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	770,041	0		20.00
21.00	CLINICAL LAB ADMIN OB	18.02	0	545,174	0		21.00
22.00	CLINICAL LAB ADMIN SURG	18.03	0	440,659	0		22.00
23.00	CLINICAL LAB ADMIN PATH	18.05	0	979,320	0		23.00
24.00	CLINICAL LAB ADMIN NEUR	18.08	0	35,074	0		24.00
25.00	CLINICAL LAB ADMIN OCLS	18.09	0	5,111	0		25.00
26.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	4,086,464	0		26.00
27.00	NURSING SCHOOL SPLIT	18.16	0	683,426	0		27.00
28.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,291,165	0		28.00
29.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	877,797	0		29.00
30.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	208,484	0		30.00
31.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	10,998	0		31.00
32.00	PARAMED DIETARY	23.02	0	35,934	0		32.00
33.00	PARAMED SPEECH	23.03	0	147,632	0		33.00
34.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	73,689	0		34.00
35.00	PARAMED TECHNOLOGY	23.07	0	33,978	0		35.00
36.00	PARAMED VASCULAR ULTRASOUND	23.08	0	7,235	0		36.00
37.00	PARAMED RESPIRATORY THERAPY	23.10	0	36,766	0		37.00
38.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	27,540	0		38.00
39.00	ADULTS & PEDIATRICS	30.00	0	19,338,391	0		39.00
40.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,094,057	0		40.00
41.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,273,539	0		41.00
42.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	924,006	0		42.00
43.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,770,268	0		43.00
44.00	SUBPROVIDER - IPF	40.00	0	1,839,922	0		44.00
45.00	SUBPROVIDER - IRF	41.00	0	1,758,748	0		45.00
46.00	OPERATING ROOM	50.00	0	7,545,261	0		46.00
47.00	RECOVERY ROOM	51.00	0	2,203,492	0		47.00
48.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,515,686	0		48.00
49.00	ANESTHESIOLOGY	53.00	0	1,151,866	0		49.00
50.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,831,580	0		50.00

RECLASSIFICATIONS

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Worksheet A-6

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1/12/2021 3:07 pm

		Decreases					1/12/2021 3:07 pm	
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
51.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,537,880	0		51.00	
52.00	RADIOISOTOPE	56.00	0	436,097	0		52.00	
53.00	LABORATORY	60.00	0	6,814,485	0		53.00	
54.00	LABORATORY - HLA	60.01	0	102,165	0		54.00	
55.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	356,666	0		55.00	
56.00	RESPIRATORY THERAPY	65.00	0	475,369	0		56.00	
57.00	PHYSICAL THERAPY	66.00	0	894,121	0		57.00	
58.00	OCCUPATIONAL THERAPY	67.00	0	830,702	0		58.00	
59.00	SPEECH PATHOLOGY	68.00	0	542,222	0		59.00	
60.00	ELECTROCARDIOLOGY	69.00	0	1,093,436	0		60.00	
61.00	ELECTROENCEPHALOGRAPHY	70.00	0	176,506	0		61.00	
62.00	RENAL DIALYSIS ADULT	76.00	0	56,346	0		62.00	
63.00	PSYCH DAY HOSPITAL	76.01	0	483,655	0		63.00	
64.00	CLINIC	90.00	0	5,457,774	0		64.00	
65.00	EMERGENCY	91.00	0	3,685,141	0		65.00	
66.00	KIDNEY ACQUISITION	105.00	0	117,800	0		66.00	
67.00	LIVER ACQUISITION	107.00	0	36,454	0		67.00	
68.00	PANCREAS ACQUISITION	109.00	0	286	0		68.00	
69.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	2,234,012	0		69.00	
70.00	PHYSICIANS PRIVATE OFFICES	192.00	0	7,990,089	0		70.00	
71.00	MEDICAL COLLEGE	194.00	0	936,965	0		71.00	
72.00	AFFIL CORP ARC VENTURES	194.01	0	340,441	0		72.00	
TOTALS			0	127,625,424				
G - CORPORATE OVERHEAD								
1.00	NURSING SCHOOL SPLIT	18.16	0	9,942,237	0		1.00	
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	7,707,859	0		2.00	
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	5,906,932	0		3.00	
4.00	CLINIC	90.00	0	7,959,467	0		4.00	
5.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	23,814,611	0		5.00	
6.00	PHYSICIANS PRIVATE OFFICES	192.00	0	37,330,567	0		6.00	
7.00	MEDICAL COLLEGE	194.00	0	7,623,937	0		7.00	
TOTALS			0	100,285,610				
H - CRNA								
1.00	ANESTHESIOLOGY	53.00	3,445,654	0	0		1.00	
TOTALS			3,445,654	0				
I - DATA CENTER								
1.00	CORPORATE ADMINISTRATION	5.11	21,731,241	51,237,745	0		1.00	
TOTALS			21,731,241	51,237,745				
J - PASTORAL EDUCATION								
1.00	ADMIN & GEN PT SERVICE	5.07	467,852	189,896	0		1.00	
TOTALS			467,852	189,896				
K - MALPRACTICE								
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	21,238,157	0		1.00	
TOTALS			0	21,238,157				
L - DEPRECIATION								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	28,707,563	9		1.00	
2.00	CORPORATE ADMINISTRATION	5.11	0	71,941,390	9		2.00	
3.00		0.00	0	0	9		3.00	
4.00		0.00	0	0	9		4.00	
5.00		0.00	0	0	9		5.00	
6.00		0.00	0	0	9		6.00	
7.00		0.00	0	0	9		7.00	
8.00		0.00	0	0	9		8.00	
9.00		0.00	0	0	9		9.00	
10.00		0.00	0	0	9		10.00	
11.00		0.00	0	0	9		11.00	
12.00		0.00	0	0	9		12.00	
13.00		0.00	0	0	9		13.00	
14.00		0.00	0	0	9		14.00	
TOTALS			0	100,648,953				
M - INTEREST								
1.00	CORPORATE ADMINISTRATION	5.11	0	21,127,112	11		1.00	
2.00		0.00	0	0	11		2.00	
3.00		0.00	0	0	11		3.00	
4.00		0.00	0	0	11		4.00	
5.00		0.00	0	0	11		5.00	
6.00		0.00	0	0	11		6.00	
7.00		0.00	0	0	11		7.00	
8.00		0.00	0	0	11		8.00	

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

		Decreases					1/12/2021 3:07 PM	
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.			
6.00		7.00	8.00	9.00	10.00			
TOTALS			0	21,127,112				
N - NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	1,257,021	118,653	0	1.00		
TOTALS			1,257,021	118,653				
O - PHYSICS PARAMEDICAL EDUCATION								
1.00	RADIOLOGY-THERAPEUTIC	55.00	203,936	25,139	0	1.00		
TOTALS			203,936	25,139				
P - INTERNS & RESIDENTS								
1.00	ADMIN & GEN PT SERVICE	5.07	5,945	0	0	1.00		
2.00	CORPORATE ADMINISTRATION	5.11	28,614	0	0	2.00		
3.00	CLINICAL LAB ADMIN OB	18.02	1,230	0	0	3.00		
4.00	CLINICAL LAB ADMIN PATH	18.05	3,558	0	0	4.00		
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	542,091	0	0	5.00		
6.00	LABORATORY	60.00	849	0	0	6.00		
7.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	671,844	0	0	7.00		
8.00	PHYSICIANS PRIVATE OFFICES	192.00	207,579	0	0	8.00		
TOTALS			1,461,710	0				
Q - NON-RESEARCH								
1.00	DISCRETIONARY OPERATIONS	18.12	6,086,671	496,914	0	1.00		
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	88,914	0	2.00		
3.00	NURSING SCHOOL SPLIT	18.16	0	522,640	0	3.00		
4.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	950,367	0	4.00		
5.00	MEDICAL COLLEGE	194.00	0	708,572	0	5.00		
6.00		0.00	0	0	0	6.00		
7.00		0.00	0	0	0	7.00		
8.00		0.00	0	0	0	8.00		
9.00		0.00	0	0	0	9.00		
10.00		0.00	0	0	0	10.00		
11.00		0.00	0	0	0	11.00		
12.00		0.00	0	0	0	12.00		
13.00		0.00	0	0	0	13.00		
14.00		0.00	0	0	0	14.00		
15.00		0.00	0	0	0	15.00		
16.00		0.00	0	0	0	16.00		
17.00		0.00	0	0	0	17.00		
18.00		0.00	0	0	0	18.00		
19.00		0.00	0	0	0	19.00		
TOTALS			6,086,671	2,767,407				
R - HEALTH SYSTEM MANAGEMENT								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	61,593	0	0	1.00		
2.00	RESEARCH ADMINISTRATION	5.03	34,963	0	0	2.00		
3.00	ADMIN & GEN PT SERVICE	5.07	52,808	0	0	3.00		
4.00	PERSONNEL DEPARTMENT	5.08	15,725	0	0	4.00		
5.00	RESEARCH FACULTY	5.09	5,178	0	0	5.00		
6.00	RESEARCH SPA	5.10	235	0	0	6.00		
7.00	CORPORATE ADMINISTRATION	5.11	227,639	0	0	7.00		
8.00	CLINICAL LAB ADMIN SURG	18.03	2,619	0	0	8.00		
9.00	CLINICAL LAB ADMIN NEUR	18.08	84	0	0	9.00		
10.00	DISCRETIONARY OPERATIONS	18.12	15,282	0	0	10.00		
11.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	52	0	0	11.00		
12.00	NURSING SCHOOL SPLIT	18.16	15,063	0	0	12.00		
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	150	0	0	13.00		
14.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	393	0	0	14.00		
15.00	ADULTS & PEDIATRICS	30.00	1,234	0	0	15.00		
16.00	MEDICAL INTENSIVE CARE UNIT	35.00	600	0	0	16.00		
17.00	PSYCH DAY HOSPITAL	76.01	16,455	0	0	17.00		
18.00	EMERGENCY	91.00	31	0	0	18.00		
19.00	KIDNEY ACQUISITION	105.00	35	0	0	19.00		
20.00	LIVER ACQUISITION	107.00	6	0	0	20.00		
21.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	3,545	0	0	21.00		
22.00	FUND RAISING	190.01	3,475	0	0	22.00		
23.00	RESEARCH	191.00	5,072	0	0	23.00		
24.00	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	45,629	0	0	24.00		
25.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	545	0	0	25.00		
26.00	PHYSICIANS PRIVATE OFFICES	192.00	65,862	0	0	26.00		
27.00	MEDICAL COLLEGE	194.00	1,235	0	0	27.00		

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/12/2021 3:07 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		575,508	0			
S - TUITION ASSISTANCE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,157,759	0		1.00
2.00		0.00		0	0		2.00
	TOTALS		0	7,157,759			
T - ASSET ACCRETION							
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,040,450	14		1.00
2.00		0.00	0	0	14		2.00
3.00		0.00	0	0	14		3.00
4.00		0.00	0	0	14		4.00
5.00		0.00	0	0	14		5.00
6.00		0.00	0	0	14		6.00
7.00		0.00	0	0	14		7.00
8.00		0.00	0	0	14		8.00
9.00		0.00	0	0	14		9.00
10.00		0.00	0	0	14		10.00
11.00		0.00	0	0	14		11.00
12.00		0.00	0	0	14		12.00
	TOTALS		0	1,040,450			
U - SUPPLIES & IMPLANTS							
1.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	41	0		1.00
2.00	OPERATING ROOM	50.00	0	74,501,231	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,241	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,749,884	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	301	0		5.00
6.00	LABORATORY	60.00	0	8,733	0		6.00
7.00	SPEECH PATHOLOGY	68.00	0	19,292	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	18,974,142	0		8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	66,053	0		9.00
10.00	CLINIC	90.00	0	68,532	0		10.00
11.00	EMERGENCY	91.00	0	1,489	0		11.00
	TOTALS		0	101,412,939			
V - PHARMACY PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	622,966	30,049	0		1.00
	TOTALS		622,966	30,049			
W - DEAN'S OFFICE							
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	863,697	1,485,193	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		863,697	1,485,193			
X - RESEARCH							
1.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	62,628,999	41,150,616	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		62,628,999	41,150,616			
500.00	Grand Total: Decreases		99,345,255	931,530,604			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

		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	63,770,661	0	0	0	8,680,216	1.00	
2.00	Land Improvements	4,842,191	0	0	0	2,144,790	2.00	
3.00	Buildings and Fixtures	1,763,869,189	0	0	0	36,921,571	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	629,162,286	17,980,456	0	17,980,456	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	2,461,644,327	17,980,456	0	17,980,456	47,746,577	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	2,461,644,327	17,980,456	0	17,980,456	47,746,577	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	55,090,445	0				1.00	
2.00	Land Improvements	2,697,401	0				2.00	
3.00	Buildings and Fixtures	1,726,947,618	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	647,142,742	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	2,431,878,206	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	2,431,878,206	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	-78,821,765	224,986	0	0	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	-78,821,765	224,986	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	DEPRECIATION OLD HOSPITAL	1,081,000	-77,515,779				1.01
1.02	DEPRECIATION DIRECT BLDG	0	0				1.02
1.03	DEPRECIATION KELLOGG PAV	0	0				1.03
1.04	DEPRECIATION JELKE SOUTH	0	0				1.04
1.05	DEPRECIATION ATRIUM PAV	0	0				1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0				1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0				1.07
1.08	DEPRECIATION WOOD ST	0	0				1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0				1.09
1.10	DEPRECIATION PRO BLDG III	0	0				1.10
1.11	DEPRECIATION JRB	0	0				1.11
1.12	DEPRECIATION TOB	0	0				1.12
1.13	DEPRECIATION EQUIPMENT	0	0				1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0				1.14
1.15	DEPRECIATION KIDSTON	0	0				1.15
1.16	DEPRECIATION COHN	0	0				1.16
1.17	DEPRECIATION TOWER	0	0				1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	INTEREST GENERAL	0	0				2.01
2.02	INTEREST DIRECT BLDG	0	0				2.02
2.03	INTEREST ATRUM PAV	0	0				2.03
2.04	INTEREST PRO BLDG SOUTH	0	0				2.04
2.05	INTEREST TOB	0	0				2.05
2.06	INTEREST PRO BLDG III	0	0				2.06
2.07	INTEREST TOWER	0	0				2.07
2.08	INTEREST PRO BLDG NORTH	0	0				2.08
3.00	Total (sum of lines 1-2)	1,081,000	-77,515,779				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	40,724,232	0	40,724,232	0.016746	0	1.01
1.02	DEPRECIATION DIRECT BLDG	307,058,670	0	307,058,670	0.126264	0	1.02
1.03	DEPRECIATION KELLOGG PAV	117,525,378	0	117,525,378	0.048327	0	1.03
1.04	DEPRECIATION JELKE SOUTH	148,495,347	0	148,495,347	0.061062	0	1.04
1.05	DEPRECIATION ATRIUM PAV	206,843,401	0	206,843,401	0.085055	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	42,747,555	0	42,747,555	0.017578	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	35,802,111	0	35,802,111	0.014722	0	1.07
1.08	DEPRECIATION WOOD ST	5,967,829	0	5,967,829	0.002454	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	73,253,035	0	73,253,035	0.030122	0	1.09
1.10	DEPRECIATION PRO BLDG III	58,518,285	0	58,518,285	0.024063	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0.000000	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0.000000	0	1.12
1.13	DEPRECIATION EQUIPMENT	743,527,306	0	743,527,306	0.305742	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	20,573,690	0	20,573,690	0.008460	0	1.14
1.15	DEPRECIATION KIDSTON	5,051,011	0	5,051,011	0.002077	0	1.15
1.16	DEPRECIATION COHN	66,660,214	0	66,660,214	0.027411	0	1.16
1.17	DEPRECIATION TOWER	559,130,141	0	559,130,141	0.229917	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	INTEREST GENERAL	0	0	0	0.000000	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0.000000	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0.000000	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0.000000	0	2.04
2.05	INTEREST TOB	0	0	0	0.000000	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0.000000	0	2.06
2.07	INTEREST TOWER	0	0	0	0.000000	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0.000000	0	2.08
3.00	Total (sum of lines 1-2)	2,431,878,205	0	2,431,878,205	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	20,048,500	224,986	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	4,703,801	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	4,342,456	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	5,112,499	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	7,079,880	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	1,158,442	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	743,742	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	330,775	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	714,162	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	1,490,220	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	55,711,129	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	532,762	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	15,257	0	1.15
1.16	DEPRECIATION COHN	0	0	0	1,362,039	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	17,351,789	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	0	0	0	120,697,453	224,986	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
1.00	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00	
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	40,550	20,314,036	1.01	
1.02	DEPRECIATION DIRECT BLDG	0	0	0	3,183	4,706,984	1.02	
1.03	DEPRECIATION KELLOGG PAV	0	0	0	210,937	4,553,393	1.03	
1.04	DEPRECIATION JELKE SOUTH	0	0	0	214,448	5,326,947	1.04	
1.05	DEPRECIATION ATRIUM PAV	0	0	0	156,472	7,236,352	1.05	
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	143,251	1,301,693	1.06	
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	101,800	845,542	1.07	
1.08	DEPRECIATION WOOD ST	0	0	0	0	330,775	1.08	
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	68,403	782,565	1.09	
1.10	DEPRECIATION PRO BLDG III	0	0	0	66,788	1,557,008	1.10	
1.11	DEPRECIATION JRB	0	0	0	49,652	49,652	1.11	
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12	
1.13	DEPRECIATION EQUIPMENT	0	4,331,920	0	0	60,043,049	1.13	
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	532,762	1.14	
1.15	DEPRECIATION KIDSTON	0	0	0	16,132	31,389	1.15	
1.16	DEPRECIATION COHN	0	0	0	662	1,362,701	1.16	
1.17	DEPRECIATION TOWER	0	0	0	8,722	17,360,511	1.17	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00	
2.01	INTEREST GENERAL	0	0	0	0	0	2.01	
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02	
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03	
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04	
2.05	INTEREST TOB	0	0	0	0	0	2.05	
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06	
2.07	INTEREST TOWER	0	0	0	0	0	2.07	
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08	
3.00	Total (sum of lines 1-2)	0	4,331,920	0	1,081,000	126,335,359	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - DEPRECIATION OLD HOSPITAL (chapter 2)			0DEPRECIATION OLD HOSPITAL	1.01	0	1.01
1.02	Investment income - DEPRECIATION DIRECT BLDG (chapter 2)			0DEPRECIATION DIRECT BLDG	1.02	0	1.02
1.03	Investment income - DEPRECIATION KELLOGG PAV (chapter 2)			0DEPRECIATION KELLOGG PAV	1.03	0	1.03
1.04	Investment income - DEPRECIATION JELKE SOUTH (chapter 2)			0DEPRECIATION JELKE SOUTH	1.04	0	1.04
1.05	Investment income - DEPRECIATION ATRIUM PAV (chapter 2)			0DEPRECIATION ATRIUM PAV	1.05	0	1.05
1.06	Investment income - DEPRECIATION PRO BLDG NORTH (chapter 2)			0DEPRECIATION PRO BLDG NORTH	1.06	0	1.06
1.07	Investment income - DEPRECIATION PRO BLDG SOUTH (chapter 2)			0DEPRECIATION PRO BLDG SOUTH	1.07	0	1.07
1.08	Investment income - DEPRECIATION WOOD ST (chapter 2)			0DEPRECIATION WOOD ST	1.08	0	1.08
1.09	Investment income - DEPRECIATION ACADEMIC FACILITY (chapter 2)			0DEPRECIATION ACADEMIC FACILITY	1.09	0	1.09
1.10	Investment income - DEPRECIATION PRO BLDG III (chapter 2)			0DEPRECIATION PRO BLDG III	1.10	0	1.10
1.11	Investment income - DEPRECIATION JRB (chapter 2)			0DEPRECIATION JRB	1.11	0	1.11
1.12	Investment income - DEPRECIATION TOB (chapter 2)			0DEPRECIATION TOB	1.12	0	1.12
1.13	Investment income - DEPRECIATION EQUIPMENT (chapter 2)			0DEPRECIATION EQUIPMENT	1.13	0	1.13
1.14	Investment income - DEPRECIATION ORTHOPEDICS (chapter 2)			0DEPRECIATION ORTHOPEDICS	1.14	0	1.14
1.15	Investment income - DEPRECIATION KIDSTON (chapter 2)			0DEPRECIATION KIDSTON	1.15	0	1.15
1.16	Investment income - DEPRECIATION COHN (chapter 2)			0DEPRECIATION COHN	1.16	0	1.16
1.17	Investment income - DEPRECIATION TOWER (chapter 2)			0DEPRECIATION TOWER	1.17	0	1.17
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - INTEREST GENERAL (chapter 2)			0INTEREST GENERAL	2.01	0	2.01
2.02	Investment income - INTEREST DIRECT BLDG (chapter 2)			0INTEREST DIRECT BLDG	2.02	0	2.02
2.03	Investment income - INTEREST ATRUM PAV (chapter 2)			0INTEREST ATRUM PAV	2.03	0	2.03
2.04	Investment income - INTEREST PRO BLDG SOUTH (chapter 2)			0INTEREST PRO BLDG SOUTH	2.04	0	2.04
2.05	Investment income - INTEREST TOB (chapter 2)			0INTEREST TOB	2.05	0	2.05
2.06	Investment income - INTEREST PRO BLDG III (chapter 2)			0INTEREST PRO BLDG III	2.06	0	2.06
2.07	Investment income - INTEREST TOWER (chapter 2)			0INTEREST TOWER	2.07	0	2.07
2.08	Investment income - INTEREST PRO BLDG NORTH (chapter 2)			0INTEREST PRO BLDG NORTH	2.08	0	2.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0119

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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
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)	A	-101,927	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,785,112			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-581,194	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-318,285	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-80	MEDICAL RECORDS & LIBRARY	16.00	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
26.01	Depreciation - DEPRECIATION OLD HOSPITAL		0	DEPRECIATION OLD HOSPITAL	1.01	0	26.01
26.02	Depreciation - DEPRECIATION DIRECT BLDG		0	DEPRECIATION DIRECT BLDG	1.02	0	26.02
26.03	Depreciation - DEPRECIATION KELLOGG PAV		0	DEPRECIATION KELLOGG PAV	1.03	0	26.03
26.04	Depreciation - DEPRECIATION JELKE SOUTH		0	DEPRECIATION JELKE SOUTH	1.04	0	26.04
26.05	Depreciation - DEPRECIATION ATRIUM PAV		0	DEPRECIATION ATRIUM PAV	1.05	0	26.05
26.06	Depreciation - DEPRECIATION PRO BLDG NORTH		0	DEPRECIATION PRO BLDG NORTH	1.06	0	26.06
26.07	Depreciation - DEPRECIATION PRO BLDG SOUTH		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	26.07

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0119

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Worksheet A-8

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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
26.08	Depreciation - DEPRECIATION WOOD ST			0 DEPRECIATION WOOD ST	1.08	0	26.08
26.09	Depreciation - DEPRECIATION ACADEMIC FACILITY			0 DEPRECIATION ACADEMIC FACILITY	1.09	0	26.09
26.10	Depreciation - DEPRECIATION PRO BLDG III			0 DEPRECIATION PRO BLDG III	1.10	0	26.10
26.11	Depreciation - DEPRECIATION JRB			0 DEPRECIATION JRB	1.11	0	26.11
26.12	Depreciation - DEPRECIATION TOB			0 DEPRECIATION TOB	1.12	0	26.12
26.13	Depreciation - DEPRECIATION EQUIPMENT			0 DEPRECIATION EQUIPMENT	1.13	0	26.13
26.14	Depreciation - DEPRECIATION ORTHOPEDICS			0 DEPRECIATION ORTHOPEDICS	1.14	0	26.14
26.15	Depreciation - DEPRECIATION KIDSTON			0 DEPRECIATION KIDSTON	1.15	0	26.15
26.16	Depreciation - DEPRECIATION COHN			0 DEPRECIATION COHN	1.16	0	26.16
26.17	Depreciation - DEPRECIATION TOWER			0 DEPRECIATION TOWER	1.17	0	26.17
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - INTEREST GENERAL			0 INTEREST GENERAL	2.01	0	27.01
27.02	Depreciation - INTEREST DIRECT BLDG			0 INTEREST DIRECT BLDG	2.02	0	27.02
27.03	Depreciation - INTEREST ATRUM PAV			0 INTEREST ATRUM PAV	2.03	0	27.03
27.04	Depreciation - INTEREST PRO BLDG SOUTH			0 INTEREST PRO BLDG SOUTH	2.04	0	27.04
27.05	Depreciation - INTEREST TOB			0 INTEREST TOB	2.05	0	27.05
27.06	Depreciation - INTEREST PRO BLDG III			0 INTEREST PRO BLDG III	2.06	0	27.06
27.07	Depreciation - INTEREST TOWER			0 INTEREST TOWER	2.07	0	27.07
27.08	Depreciation - INTEREST PRO BLDG NORTH			0 INTEREST PRO BLDG NORTH	2.08	0	27.08
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
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	MISCELLANEOUS INCOME	B	-1,708,570	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	-10,133,472	PARKING GARAGE	5.02	0	33.01
33.02	MISCELLANEOUS INCOME	B	-134,400	RESEARCH ADMINISTRATION	5.03	0	33.02
33.03	MISCELLANEOUS INCOME	B	-61,622	ADMIN & GEN ANIMAL LAB	5.06	0	33.03
33.04	MISCELLANEOUS INCOME	B	-8,403	ADMIN & GEN PT SERVICE	5.07	0	33.04
33.05	MISCELLANEOUS INCOME	B	-390,817	RESEARCH FACULTY	5.09	0	33.05
33.06	MISCELLANEOUS INCOME	B	-376,060	RESEARCH SPA	5.10	0	33.06
33.07	MISCELLANEOUS INCOME	B	-85,848,065	CORPORATE ADMINISTRATION	5.11	0	33.07
33.08	MISCELLANEOUS INCOME	B	-5,247,375	MAINTENANCE & REPAIRS	6.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-43,633	LAUNDRY & LINEN SERVICE	8.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-74,354	HOUSEKEEPING	9.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-665	DIETARY	10.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-60,539	PATIENT FOOD SERVICE	10.01	0	33.12
33.13	MISCELLANEOUS INCOME	B	-340,504	NURSING ADMINISTRATION	13.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-9,750	CLINICAL LAB ADMIN NEUR	18.08	0	33.14
33.15	MISCELLANEOUS INCOME	B	-220,935	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	33.15
33.16	MISCELLANEOUS INCOME	B	-435,571	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.16

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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00	2.00	3.00	4.00	5.00			
33.17	MISCELLANEOUS INCOME	B	-155,403	I&R SERVICES-OTHER PRGM	22.00	0	33.17
33.18	MISCELLANEOUS INCOME	B	-1,940,238	COSTS APPRV	23.00	0	33.18
33.19	MISCELLANEOUS INCOME	B	-1,227,628	PARAMED HEALTH SYSTEM	23.01	0	33.19
33.20	MISCELLANEOUS INCOME	B	-1,019,699	MANAGEMENT	23.02	0	33.20
33.21	MISCELLANEOUS INCOME	B	-4,414,020	PARAMED MEDICAL PERFUSION	23.03	0	33.21
33.22	MISCELLANEOUS INCOME	B	-3,902,429	TECH	23.04	0	33.22
33.23	MISCELLANEOUS INCOME	B	-11,200	PARAMED DIETARY	23.05	0	33.23
33.24	MISCELLANEOUS INCOME	B	-1,944,332	PARAMED SPEECH	23.07	0	33.24
33.25	MISCELLANEOUS INCOME	B	-609,924	PARAMED OCCUPATIONAL THERAPY	23.08	0	33.25
33.26	MISCELLANEOUS INCOME	B	-774,456	PARAMED MEDICAL PHYSICS	23.10	0	33.26
33.27	MISCELLANEOUS INCOME	B	-2,881,016	PARAMED TECHNOLOGY	23.11	0	33.27
33.28	MISCELLANEOUS INCOME	B	-39,795	PARAMED VASCULAR ULTRASOUND	30.00	0	33.28
33.29	MISCELLANEOUS INCOME	B	-41,585	PARAMED RESPIRATORY THERAPY	35.00	0	33.29
33.30	MISCELLANEOUS INCOME	B	-12,475	PARAMED PHYSICIANS ASSISTANT	35.02	0	33.30
33.31	MISCELLANEOUS INCOME	B	-14,152	ADULTS & PEDIATRICS	54.00	0	33.31
33.32	MISCELLANEOUS INCOME	B	-2,500	MEDICAL INTENSIVE CARE UNIT	55.00	0	33.32
33.33	MISCELLANEOUS INCOME	B	-2,333,648	PREMATURE INTENSIVE CARE	60.00	0	33.33
33.34	MISCELLANEOUS INCOME	B	-2,571	UNIT	62.00	0	33.34
33.35	MISCELLANEOUS INCOME	B	-290	RADIOLOGY-DIAGNOSTIC	66.00	0	33.35
33.36	MISCELLANEOUS INCOME	B	10,630	RADIOLOGY-THERAPEUTIC	76.01	0	33.36
33.37	MISCELLANEOUS INCOME	B	-299,430	LABORATORY	90.00	0	33.37
33.38	PATIENT TELEPHONE DEPRECIATION	A	-47,596	WHOLE BLOOD & PACKED RED	1.01	9	33.38
33.39	PATIENT TELEPHONE BENEFITS	A	-104,666	BLOOD CELL	4.00	0	33.39
33.40	PATIENT TELEPHONE	A	-1,413,952	PHYSICAL THERAPY	5.07	0	33.40
33.41	PATIENT TELEPHONE	A	-383,600	PSYCH DAY HOSPITAL	5.11	0	33.41
33.42	MEMBERSHIP DUES	A	-505,955	CLINIC	5.11	0	33.42
33.43	ADVERSTING	A	-2,641	DEPRECIATION OLD HOSPITAL	4.00	0	33.43
33.44	ADVERSTING	A	-199	EMPLOYEE BENEFITS DEPARTMENT	5.07	0	33.44
33.45	ADVERSTING	A	-569,698	ADMIN & GEN PT SERVICE	5.08	0	33.45
33.46	ADVERSTING	A	-4,700,644	CORPORATE ADMINISTRATION	5.11	0	33.46
33.47	ADVERSTING	A	-27,860	EMPLOYEE BENEFITS DEPARTMENT	18.14	0	33.47
33.48	ADVERSTING	A	3	ADMIN & GEN PT SERVICE	18.16	0	33.48
33.49	ADVERSTING	A	-20,200	CORPORATE ADMINISTRATION	23.00	0	33.49
33.50	ADVERSTING	A	-275	RUSH UNIVERSITY ADMIN SPLIT	23.02	0	33.50
33.51	ADVERSTING	A	-890	NURSING SCHOOL SPLIT	23.07	0	33.51
33.52	ADVERSTING	A	-12,935	PARAMED HEALTH SYSTEM	76.01	0	33.52
33.53	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-253,086	MANAGEMENT	4.00	0	33.53
33.54	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-67,156	PARAMED DIETARY	5.03	0	33.54
33.55	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-327	PARAMED TECHNOLOGY	5.07	0	33.55
33.56	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-4,996	PSYCH DAY HOSPITAL	5.09	0	33.56
33.57	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-59,437	RESEARCH ADMINISTRATION	5.11	0	33.57
33.58	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-283,712	CORPORATE ADMINISTRATION	18.14	0	33.58
33.59	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-297,807	RUSH UNIVERSITY ADMIN SPLIT	18.16	0	33.59
33.60	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-13,839	NURSING SCHOOL SPLIT	22.00	0	33.60
33.61	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-4,510	I&R SERVICES-OTHER PRGM	23.00	0	33.61
33.62	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-31	COSTS APPRV	23.03	0	33.62
33.63	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-4,587	PARAMED HEALTH SYSTEM	23.11	0	33.63
33.64	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-92	MANAGEMENT	35.00	0	33.64

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				Cost Center				
		1.00	2.00	3.00	4.00	5.00		
33.65	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-1,498	LABORATORY	60.00		0	33.65
33.66	MISCELLANEOUS NON-ALLOWABLE EXPENSE	A	-114,385	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00		0	33.66
33.67	STRATEGIC SUPPORT	A	-66,905,074	TRANSITION RECRUITMENT	5.01		0	33.67
33.68	MEDICAID PROVIDER TAX	A	-39,955,565	CORPORATE ADMINISTRATION	5.11		0	33.68
33.69	DEAN'S OFFICE TUITION	B	-28,255,374	NURSING SCHOOL	20.00		0	33.69
33.70	INTEREST INCOME	B	-4,487,160	INTEREST GENERAL	2.01		11	33.70
33.71	INTEREST INCOME	B	-1,648,531	INTEREST DIRECT BLDG	2.02		11	33.71
33.72	INTEREST INCOME	B	-2,685,928	INTEREST ATRUM PAV	2.03		11	33.72
33.73	INTEREST INCOME	B	-349,147	INTEREST PRO BLDG SOUTH	2.04		11	33.73
33.74	INTEREST INCOME	B	-577,824	INTEREST TOB	2.05		11	33.74
33.75	INTEREST INCOME	B	-15,914	INTEREST PRO BLDG III	2.06		11	33.75
33.76	INTEREST INCOME	B	-11,278,835	INTEREST TOWER	2.07		11	33.76
33.77	INTEREST INCOME	B	-83,773	INTEREST PRO BLDG NORTH	2.08		11	33.77
33.78	PRINTING & PUBLICATIONS	A	-76,706	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.78
33.79	PRINTING & PUBLICATIONS	A	-1,069	PARKING GARAGE	5.02		0	33.79
33.80	PRINTING & PUBLICATIONS	A	-21,565	RESEARCH ADMINISTRATION	5.03		0	33.80
33.81	PRINTING & PUBLICATIONS	A	-180	ADMIN & GEN OUTPT SERVICE	5.05		0	33.81
33.82	PRINTING & PUBLICATIONS	A	-103,789	ADMIN & GEN PT SERVICE	5.07		0	33.82
33.83	PRINTING & PUBLICATIONS	A	-31,314	PERSONNEL DEPARTMENT	5.08		0	33.83
33.84	PRINTING & PUBLICATIONS	A	-12,564	RESEARCH FACULTY	5.09		0	33.84
33.85	PRINTING & PUBLICATIONS	A	-12	RESEARCH SPA	5.10		0	33.85
33.86	PRINTING & PUBLICATIONS	A	-357,476	CORPORATE ADMINISTRATION	5.11		0	33.86
33.87	PRINTING & PUBLICATIONS	A	-13,091	MAINTENANCE & REPAIRS	6.00		0	33.87
33.88	PRINTING & PUBLICATIONS	A	-27	HOUSEKEEPING	9.00		0	33.88
33.89	PRINTING & PUBLICATIONS	A	-15,695	DIETARY	10.00		0	33.89
33.90	PRINTING & PUBLICATIONS	A	-800	PATIENT FOOD SERVICE	10.01		0	33.90
33.91	PRINTING & PUBLICATIONS	A	-10,078	NURSING ADMINISTRATION	13.00		0	33.91
33.92	PRINTING & PUBLICATIONS	A	-4,317	PHARMACY	15.00		0	33.92
33.93	PRINTING & PUBLICATIONS	A	-150	MEDICAL RECORDS & LIBRARY	16.00		0	33.93
33.94	PRINTING & PUBLICATIONS	A	-59,456	MEDICAL RECORDS & LIBRARY	16.01		0	33.94
33.95	PRINTING & PUBLICATIONS	A	-593	CLINICAL LAB ADMIN SURG	18.03		0	33.95
33.96	PRINTING & PUBLICATIONS	A	-1,190	CLINICAL LAB ADMIN PATH	18.05		0	33.96
33.97	PRINTING & PUBLICATIONS	A	-1,280	CLINICAL LAB ADMIN NEUR	18.08		0	33.97
33.98	PRINTING & PUBLICATIONS	A	-1,495	CLINICAL LAB ADMIN OCLS	18.09		0	33.98
33.99	PRINTING & PUBLICATIONS	A	-66,644	RUSH UNIVERSITY ADMIN SPLIT	18.14		0	33.99
34.00	PRINTING & PUBLICATIONS	A	-74	NURSING SCHOOL SPLIT	18.16		0	34.00
34.01	PRINTING & PUBLICATIONS	A	-1,669	I&R SERVICES-SALARY & FRINGES APPRV	21.00		0	34.01
34.02	PRINTING & PUBLICATIONS	A	-15,789	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0	34.02
34.03	PRINTING & PUBLICATIONS	A	-1,397	PARAMED HEALTH SYSTEM MANAGEMENT	23.00		0	34.03
34.04	PRINTING & PUBLICATIONS	A	-862	PARAMED SPEECH	23.03		0	34.04
34.05	PRINTING & PUBLICATIONS	A	68	PARAMED OCCUPATIONAL THERAPY	23.04		0	34.05
34.06	PRINTING & PUBLICATIONS	A	-491	PARAMED VASCULAR ULTRASOUND	23.08		0	34.06
34.07	PRINTING & PUBLICATIONS	A	-440	PARAMED PHYSICIANS ASSISTANT	23.11		0	34.07
34.08	PRINTING & PUBLICATIONS	A	-43,383	ADULTS & PEDIATRICS	30.00		0	34.08
34.09	PRINTING & PUBLICATIONS	A	-185	SURGICAL INTENSIVE CARE UNIT	34.00		0	34.09
34.10	PRINTING & PUBLICATIONS	A	-751	MEDICAL INTENSIVE CARE UNIT	35.00		0	34.10
34.11	PRINTING & PUBLICATIONS	A	-72	PEDIATRIC INTENSIVE CARE UNIT	35.01		0	34.11
34.12	PRINTING & PUBLICATIONS	A	-941	PREMATURE INTENSIVE CARE UNIT	35.02		0	34.12
34.13	PRINTING & PUBLICATIONS	A	-575	SUBPROVIDER - IPF	40.00		0	34.13
34.14	PRINTING & PUBLICATIONS	A	-872	OPERATING ROOM	50.00		0	34.14
34.15	PRINTING & PUBLICATIONS	A	-3,302	RECOVERY ROOM	51.00		0	34.15
34.16	PRINTING & PUBLICATIONS	A	-288	DELIVERY ROOM & LABOR ROOM	52.00		0	34.16
34.17	PRINTING & PUBLICATIONS	A	-542	ANESTHESIOLOGY	53.00		0	34.17
34.18	PRINTING & PUBLICATIONS	A	-5,244	RADIOLOGY-DIAGNOSTIC	54.00		0	34.18
34.19	PRINTING & PUBLICATIONS	A	-789	RADIOLOGY-THERAPEUTIC	55.00		0	34.19
34.20	PRINTING & PUBLICATIONS	A	-33,974	LABORATORY	60.00		0	34.20
34.21	PRINTING & PUBLICATIONS	A	-792	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00		0	34.21
34.22	PRINTING & PUBLICATIONS	A	-1,748	RESPIRATORY THERAPY	65.00		0	34.22

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
34.23	PRINTING & PUBLICATIONS	A	-457	ELECTROCARDIOLOGY	69.00	0	34.23
34.24	PRINTING & PUBLICATIONS	A	-20,754	PSYCH DAY HOSPITAL	76.01	0	34.24
34.25	PRINTING & PUBLICATIONS	A	-18,692	CLINIC	90.00	0	34.25
34.26	PRINTING & PUBLICATIONS	A	-793	EMERGENCY	91.00	0	34.26
34.27	CATERING	A	-313,495	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.27
34.28	CATERING	A	-4,301	PARKING GARAGE	5.02	0	34.28
34.29	CATERING	A	-40,644	RESEARCH ADMINISTRATION	5.03	0	34.29
34.30	CATERING	A	-843	ADMIN & GEN INPT SERVICE	5.04	0	34.30
34.31	CATERING	A	-129	ADMIN & GEN OUTPT SERVICE	5.05	0	34.31
34.32	CATERING	A	-711,486	ADMIN & GEN PT SERVICE	5.07	0	34.32
34.33	CATERING	A	-54,849	PERSONNEL DEPARTMENT	5.08	0	34.33
34.34	CATERING	A	-26,517	RESEARCH FACULTY	5.09	0	34.34
34.35	CATERING	A	-13,778	RESEARCH SPA	5.10	0	34.35
34.36	CATERING	A	-273,925	CORPORATE ADMINISTRATION	5.11	0	34.36
34.37	CATERING	A	-23,879	MAINTENANCE & REPAIRS	6.00	0	34.37
34.38	CATERING	A	-125	LAUNDRY & LINEN SERVICE	8.00	0	34.38
34.39	CATERING	A	-27,963	HOUSEKEEPING	9.00	0	34.39
34.40	CATERING	A	-21,740	DIETARY	10.00	0	34.40
34.41	CATERING	A	-1,684	PATIENT FOOD SERVICE	10.01	0	34.41
34.42	CATERING	A	-146,864	NURSING ADMINISTRATION	13.00	0	34.42
34.43	CATERING	A	-32	CENTRAL SERVICES & SUPPLY	14.00	0	34.43
34.44	CATERING	A	-27,646	PHARMACY	15.00	0	34.44
34.45	CATERING	A	-3,605	MEDICAL RECORDS & LIBRARY	16.00	0	34.45
34.46	CATERING	A	-79,787	MEDICAL RECORDS & LIBRARY	16.01	0	34.46
34.47	CATERING	A	-110	CLINICAL LAB ADMIN PED	18.01	0	34.47
34.48	CATERING	A	-2,661	CLINICAL LAB ADMIN OB	18.02	0	34.48
34.49	CATERING	A	-12,842	CLINICAL LAB ADMIN SURG	18.03	0	34.49
34.50	CATERING	A	-4,217	CLINICAL LAB ADMIN PATH	18.05	0	34.50
34.51	CATERING	A	-33	CLINICAL LAB ADMIN CARD	18.06	0	34.51
34.52	CATERING	A	-3,338	CLINICAL LAB ADMIN NEUR	18.08	0	34.52
34.53	CATERING	A	-4,860	CLINICAL LAB ADMIN OCLS	18.09	0	34.53
34.54	CATERING	A	-299,233	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	34.54
34.55	CATERING	A	-44,032	NURSING SCHOOL SPLIT	18.16	0	34.55
34.56	CATERING	A	-348,917	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	34.56
34.57	CATERING	A	-139,959	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.57
34.58	CATERING	A	-37,971	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	34.58
34.59	CATERING	A	-2,988	PARAMED MEDICAL PERFUSION TECH	23.01	0	34.59
34.60	CATERING	A	-2,055	PARAMED DIETARY	23.02	0	34.60
34.61	CATERING	A	-6,131	PARAMED SPEECH	23.03	0	34.61
34.62	CATERING	A	-3,744	PARAMED OCCUPATIONAL THERAPY	23.04	0	34.62
34.63	CATERING	A	-6,258	PARAMED MEDICAL PHYSICS	23.05	0	34.63
34.64	CATERING	A	-2,981	PARAMED TECHNOLOGY	23.07	0	34.64
34.65	CATERING	A	-229	PARAMED VASCULAR ULTRASOUND	23.08	0	34.65
34.66	CATERING	A	-5,526	PARAMED RESPIRATORY THERAPY	23.10	0	34.66
34.67	CATERING	A	-3,505	PARAMED PHYSICIANS ASSISTANT	23.11	0	34.67
34.68	CATERING	A	-18,831	ADULTS & PEDIATRICS	30.00	0	34.68
34.69	CATERING	A	-1,175	SURGICAL INTENSIVE CARE UNIT	34.00	0	34.69
34.70	CATERING	A	-9,806	MEDICAL INTENSIVE CARE UNIT	35.00	0	34.70
34.71	CATERING	A	-488	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.71
34.72	CATERING	A	-1,710	PREMATURE INTENSIVE CARE UNIT	35.02	0	34.72
34.73	CATERING	A	-1,367	SUBPROVIDER - IPF	40.00	0	34.73
34.74	CATERING	A	-2,557	SUBPROVIDER - IRF	41.00	0	34.74
34.75	CATERING	A	-134,753	OPERATING ROOM	50.00	0	34.75
34.76	CATERING	A	-321	RECOVERY ROOM	51.00	0	34.76
34.77	CATERING	A	-171	DELIVERY ROOM & LABOR ROOM	52.00	0	34.77
34.78	CATERING	A	-6,580	ANESTHESIOLOGY	53.00	0	34.78
34.79	CATERING	A	-35,774	RADIOLOGY-DIAGNOSTIC	54.00	0	34.79
34.80	CATERING	A	-3,927	RADIOLOGY-THERAPEUTIC	55.00	0	34.80
34.81	CATERING	A	-31,912	LABORATORY	60.00	0	34.81
34.82	CATERING	A	-110	LABORATORY - HLA	60.01	0	34.82

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
34.83	CATERING	A	-4,558	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	34.83
34.84	CATERING	A	-5,785	RESPIRATORY THERAPY	65.00	0	34.84
34.85	CATERING	A	-1,613	PHYSICAL THERAPY	66.00	0	34.85
34.86	CATERING	A	-4,248	OCCUPATIONAL THERAPY	67.00	0	34.86
34.87	CATERING	A	-2,795	SPEECH PATHOLOGY	68.00	0	34.87
34.88	CATERING	A	-884	ELECTROCARDIOLOGY	69.00	0	34.88
34.89	CATERING	A	-23,746	PSYCH DAY HOSPITAL	76.01	0	34.89
34.90	CATERING	A	-20,769	CLINIC	90.00	0	34.90
34.91	CATERING	A	-25,515	EMERGENCY	91.00	0	34.91
34.92	MISCELLANEOUS EXPENSES	A	-8,524	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.92
34.93	MISCELLANEOUS EXPENSES	A	-2,556	PARKING GARAGE	5.02	0	34.93
34.94	MISCELLANEOUS EXPENSES	A	-5,175	RESEARCH ADMINISTRATION	5.03	0	34.94
34.95	MISCELLANEOUS EXPENSES	A	-12,057	ADMIN & GEN INPT SERVICE	5.04	0	34.95
34.96	MISCELLANEOUS EXPENSES	A	-161	ADMIN & GEN OUTPT SERVICE	5.05	0	34.96
34.97	MISCELLANEOUS EXPENSES	A	-1,735	ADMIN & GEN ANIMAL LAB	5.06	0	34.97
34.98	MISCELLANEOUS EXPENSES	A	-27,096	ADMIN & GEN PT SERVICE	5.07	0	34.98
34.99	MISCELLANEOUS EXPENSES	A	-5,915	PERSONNEL DEPARTMENT	5.08	0	34.99
35.00	MISCELLANEOUS EXPENSES	A	-11,531	RESEARCH FACULTY	5.09	0	35.00
35.01	MISCELLANEOUS EXPENSES	A	-3,049	RESEARCH SPA	5.10	0	35.01
35.02	MISCELLANEOUS EXPENSES	A	-565,895	CORPORATE ADMINISTRATION	5.11	0	35.02
35.03	MISCELLANEOUS EXPENSES	A	-36,669	MAINTENANCE & REPAIRS	6.00	0	35.03
35.04	MISCELLANEOUS EXPENSES	A	-76,211	LAUNDRY & LINEN SERVICE	8.00	0	35.04
35.05	MISCELLANEOUS EXPENSES	A	-812	HOUSEKEEPING	9.00	0	35.05
35.06	MISCELLANEOUS EXPENSES	A	-705	DIETARY	10.00	0	35.06
35.07	MISCELLANEOUS EXPENSES	A	3,156	PATIENT FOOD SERVICE	10.01	0	35.07
35.08	MISCELLANEOUS EXPENSES	A	202	CAFETERIA	11.00	0	35.08
35.09	MISCELLANEOUS EXPENSES	A	-16,447	NURSING ADMINISTRATION	13.00	0	35.09
35.10	MISCELLANEOUS EXPENSES	A	-3,601	PHARMACY	15.00	0	35.10
35.11	MISCELLANEOUS EXPENSES	A	-14,159	MEDICAL RECORDS & LIBRARY	16.00	0	35.11
35.12	MISCELLANEOUS EXPENSES	A	-27,802	MEDICAL RECORDS & LIBRARY	16.01	0	35.12
35.13	MISCELLANEOUS EXPENSES	A	-7,769	CLINICAL LAB ADMIN OB	18.02	0	35.13
35.14	MISCELLANEOUS EXPENSES	A	-740	CLINICAL LAB ADMIN SURG	18.03	0	35.14
35.15	MISCELLANEOUS EXPENSES	A	-33	CLINICAL LAB ADMIN PSYCH	18.04	0	35.15
35.16	MISCELLANEOUS EXPENSES	A	-180	CLINICAL LAB ADMIN PATH	18.05	0	35.16
35.17	MISCELLANEOUS EXPENSES	A	-151,800	CLINICAL LAB ADMIN CARD	18.06	0	35.17
35.18	MISCELLANEOUS EXPENSES	A	-1,377	CLINICAL LAB ADMIN NEUR	18.08	0	35.18
35.19	MISCELLANEOUS EXPENSES	A	-165	CLINICAL LAB ADMIN OCLS	18.09	0	35.19
35.20	MISCELLANEOUS EXPENSES	A	-45,449	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	35.20
35.21	MISCELLANEOUS EXPENSES	A	-15,067	NURSING SCHOOL SPLIT	18.16	0	35.21
35.22	MISCELLANEOUS EXPENSES	A	-24,023	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	35.22
35.23	MISCELLANEOUS EXPENSES	A	-33,014	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	35.23
35.24	MISCELLANEOUS EXPENSES	A	-10,005	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	35.24
35.25	MISCELLANEOUS EXPENSES	A	-325	PARAMED MEDICAL PERFUSION TECH	23.01	0	35.25
35.26	MISCELLANEOUS EXPENSES	A	-180	PARAMED DIETARY	23.02	0	35.26
35.27	MISCELLANEOUS EXPENSES	A	-2,643	PARAMED SPEECH	23.03	0	35.27
35.28	MISCELLANEOUS EXPENSES	A	-1,209	PARAMED OCCUPATIONAL THERAPY	23.04	0	35.28
35.29	MISCELLANEOUS EXPENSES	A	-60	PARAMED MEDICAL PHYSICS	23.05	0	35.29
35.30	MISCELLANEOUS EXPENSES	A	-33	PARAMED PASTORAL CARE	23.06	0	35.30
35.31	MISCELLANEOUS EXPENSES	A	-2,255	PARAMED TECHNOLOGY	23.07	0	35.31
35.32	MISCELLANEOUS EXPENSES	A	-1,920	PARAMED VASCULAR ULTRASOUND	23.08	0	35.32
35.33	MISCELLANEOUS EXPENSES	A	-269	PARAMED RESPIRATORY THERAPY	23.10	0	35.33
35.34	MISCELLANEOUS EXPENSES	A	-3,024	PARAMED PHYSICIANS ASSISTANT	23.11	0	35.34
35.35	MISCELLANEOUS EXPENSES	A	-7,840	ADULTS & PEDIATRICS	30.00	0	35.35
35.36	MISCELLANEOUS EXPENSES	A	-402	SURGICAL INTENSIVE CARE UNIT	34.00	0	35.36
35.37	MISCELLANEOUS EXPENSES	A	-37,427	MEDICAL INTENSIVE CARE UNIT	35.00	0	35.37
35.38	MISCELLANEOUS EXPENSES	A	-311	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	35.38
35.39	MISCELLANEOUS EXPENSES	A	-2,156	PREMATURE INTENSIVE CARE UNIT	35.02	0	35.39
35.40	MISCELLANEOUS EXPENSES	A	-112	SUBPROVIDER - IPF	40.00	0	35.40
35.41	MISCELLANEOUS EXPENSES	A	-208	SUBPROVIDER - IRF	41.00	0	35.41

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
35.42	MISCELLANEOUS EXPENSES	A	-187,655	OPERATING ROOM	50.00	0	35.42
35.43	MISCELLANEOUS EXPENSES	A	-309	RECOVERY ROOM	51.00	0	35.43
35.44	MISCELLANEOUS EXPENSES	A	-550	DELIVERY ROOM & LABOR ROOM	52.00	0	35.44
35.45	MISCELLANEOUS EXPENSES	A	-8,667	ANESTHESIOLOGY	53.00	0	35.45
35.46	MISCELLANEOUS EXPENSES	A	-18,812	RADIOLOGY-DIAGNOSTIC	54.00	0	35.46
35.47	MISCELLANEOUS EXPENSES	A	-963	RADIOLOGY-THERAPEUTIC	55.00	0	35.47
35.48	MISCELLANEOUS EXPENSES	A	-197	RADIOISOTOPE	56.00	0	35.48
35.49	MISCELLANEOUS EXPENSES	A	-23,235	LABORATORY	60.00	0	35.49
35.50	MISCELLANEOUS EXPENSES	A	-93	LABORATORY - HLA	60.01	0	35.50
35.51	MISCELLANEOUS EXPENSES	A	-6,866	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	35.51
35.52	MISCELLANEOUS EXPENSES	A	-1,305	RESPIRATORY THERAPY	65.00	0	35.52
35.53	MISCELLANEOUS EXPENSES	A	-113	PHYSICAL THERAPY	66.00	0	35.53
35.54	MISCELLANEOUS EXPENSES	A	10	OCCUPATIONAL THERAPY	67.00	0	35.54
35.55	MISCELLANEOUS EXPENSES	A	-580	SPEECH PATHOLOGY	68.00	0	35.55
35.56	MISCELLANEOUS EXPENSES	A	-2,117	ELECTROCARDIOLOGY	69.00	0	35.56
35.57	MISCELLANEOUS EXPENSES	A	-127	ELECTROENCEPHALOGRAPHY	70.00	0	35.57
35.58	MISCELLANEOUS EXPENSES	A	-68	RENAL DIALYSIS ADULT	76.00	0	35.58
35.59	MISCELLANEOUS EXPENSES	A	-2,359	PSYCH DAY HOSPITAL	76.01	0	35.59
35.60	MISCELLANEOUS EXPENSES	A	-23,402	CLINIC	90.00	0	35.60
35.61	MISCELLANEOUS EXPENSES	A	-442	EMERGENCY	91.00	0	35.61
35.62	MISCELLANEOUS EXPENSES	A	-6,465	KIDNEY ACQUISITION	105.00	0	35.62
35.63	MISCELLANEOUS EXPENSES	A	-732	LIVER ACQUISITION	107.00	0	35.63
35.64	MISCELLANEOUS EXPENSES	A	-67	PANCREAS ACQUISITION	109.00	0	35.64
35.65	CRNA	A	-3,445,654	NONPHYSICIAN ANESTHETISTS	19.00	0	35.65
35.66	RETIREE HEALTH BENEFITS	A	103,318	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.66
35.67	PENSION ADJUSTMENT	A	-8,575,063	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.67
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-314,985,017				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
1/12/2021 3:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	41,324	0	41,324	211,500	418	1.00
2.00	5.03	RESEARCH ADMINISTRATION	483,663	0	483,663	211,500	4,050	2.00
3.00	5.06	ADMIN & GEN ANIMAL LAB	16,087	0	16,087	211,500	106	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	70,914	0	70,914	211,500	106	4.00
5.00	5.09	RESEARCH FACULTY	2,704,135	0	2,704,135	211,500	20,141	5.00
6.00	5.10	RESEARCH SPA	377,983	0	377,983	211,500	1,134	6.00
7.00	5.11	CORPORATE ADMINISTRATION	2,197,203	0	2,197,203	211,500	15,049	7.00
8.00	13.00	NURSING ADMINISTRATION	87,477	0	87,477	211,500	626	8.00
9.00	16.01	MEDICAL RECORDS & LIBRARY	803,260	0	803,260	211,500	6,353	9.00
10.00	18.00	CLINICAL LAB ADMIN MED	635,884	0	635,884	197,500	4,235	10.00
11.00	18.01	CLINICAL LAB ADMIN PED	154,270	0	154,270	169,700	2,041	11.00
12.00	18.02	CLINICAL LAB ADMIN OB	1,042,403	0	1,042,403	237,100	8,251	12.00
13.00	18.03	CLINICAL LAB ADMIN SURG	474,474	0	474,474	246,400	2,288	13.00
14.00	18.04	CLINICAL LAB ADMIN PSYCH	81,499	0	81,499	181,300	839	14.00
15.00	18.08	CLINICAL LAB ADMIN NEUR	243,781	0	243,781	211,500	840	15.00
16.00	18.09	CLINICAL LAB ADMIN OCLS	20,121	0	20,121	211,500	1,046	16.00
17.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	224,081	0	224,081	211,500	2,357	17.00
18.00	18.16	NURSING SCHOOL SPLIT	392	0	392	211,500	16	18.00
19.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	5,881,130	0	5,860,130	211,500	47,923	19.00
20.00	23.11	PARAMED PHYSICIANS ASSISTANT	64,395	0	64,395	211,500	314	20.00
21.00	30.00	ADULTS & PEDIATRICS	144,327	0	144,327	211,500	1,634	21.00
22.00	35.00	MEDICAL INTENSIVE CARE UNIT	988,175	0	988,175	211,500	4,761	22.00
23.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	25,057	0	25,057	211,500	173	23.00
24.00	35.02	PREMATURE INTENSIVE CARE UNIT	51,296	0	51,296	211,500	312	24.00
25.00	41.00	SUBPROVIDER - IRF	32,306	0	32,306	211,500	314	25.00
26.00	54.00	RADIOLOGY-DIAGNOSTIC	67,762	0	67,762	181,300	315	26.00
27.00	60.00	LABORATORY	370,481	0	370,481	211,500	2,377	27.00
28.00	65.00	RESPIRATORY THERAPY	10,114	0	10,114	211,500	102	28.00
29.00	68.00	SPEECH PATHOLOGY	33,407	0	33,407	211,500	174	29.00
30.00	69.00	ELECTROCARDIOLOGY	37,423	0	37,423	211,500	253	30.00
31.00	90.00	CLINIC	143,812	0	143,812	211,500	1,255	31.00
32.00	91.00	EMERGENCY	145,546	0	145,546	211,500	1,219	32.00
33.00	105.00	KIDNEY ACQUISITION	463,743	0	463,743	211,500	3,187	33.00
34.00	107.00	LIVER ACQUISITION	458,777	0	458,777	211,500	2,403	34.00
35.00	109.00	PANCREAS ACQUISITION	40,103	0	40,103	211,500	251	35.00
200.00			18,616,805	0	18,595,805		136,863	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	42,503	2,125	0	0	0	1.00
2.00	5.03	RESEARCH ADMINISTRATION	411,815	20,591	0	0	0	2.00
3.00	5.06	ADMIN & GEN ANIMAL LAB	10,778	539	0	0	0	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	10,778	539	0	0	0	4.00
5.00	5.09	RESEARCH FACULTY	2,047,991	102,400	0	0	0	5.00
6.00	5.10	RESEARCH SPA	115,308	5,765	0	0	0	6.00
7.00	5.11	CORPORATE ADMINISTRATION	1,530,223	76,511	0	0	0	7.00
8.00	13.00	NURSING ADMINISTRATION	63,653	3,183	0	0	0	8.00
9.00	16.01	MEDICAL RECORDS & LIBRARY	645,990	32,300	0	0	0	9.00
10.00	18.00	CLINICAL LAB ADMIN MED	402,121	20,106	0	0	0	10.00
11.00	18.01	CLINICAL LAB ADMIN PED	166,518	8,326	0	0	0	11.00
12.00	18.02	CLINICAL LAB ADMIN OB	940,535	47,027	0	0	0	12.00
13.00	18.03	CLINICAL LAB ADMIN SURG	271,040	13,552	0	0	0	13.00
14.00	18.04	CLINICAL LAB ADMIN PSYCH	73,130	3,657	0	0	0	14.00
15.00	18.08	CLINICAL LAB ADMIN NEUR	85,413	4,271	0	0	0	15.00
16.00	18.09	CLINICAL LAB ADMIN OCLS	106,360	5,318	0	0	0	16.00
17.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	239,666	11,983	0	0	0	17.00
18.00	18.16	NURSING SCHOOL SPLIT	1,627	81	0	0	0	18.00
19.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	4,872,940	243,647	0	0	0	19.00
20.00	23.11	PARAMED PHYSICIANS ASSISTANT	31,928	1,596	0	0	0	20.00
21.00	30.00	ADULTS & PEDIATRICS	166,150	8,308	0	0	0	21.00
22.00	35.00	MEDICAL INTENSIVE CARE UNIT	484,111	24,206	0	0	0	22.00
23.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	17,591	880	0	0	0	23.00
24.00	35.02	PREMATURE INTENSIVE CARE UNIT	31,725	1,586	0	0	0	24.00
25.00	41.00	SUBPROVIDER - IRF	31,928	1,596	0	0	0	25.00
26.00	54.00	RADIOLOGY-DIAGNOSTIC	27,456	1,373	0	0	0	26.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
1/12/2021 3:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
27.00	60.00	LABORATORY	241,700	12,085	0	0	0	27.00
28.00	65.00	RESPIRATORY THERAPY	10,372	519	0	0	0	28.00
29.00	68.00	SPEECH PATHOLOGY	17,693	885	0	0	0	29.00
30.00	69.00	ELECTROCARDIOLOGY	25,726	1,286	0	0	0	30.00
31.00	90.00	CLINIC	127,612	6,381	0	0	0	31.00
32.00	91.00	EMERGENCY	123,951	6,198	0	0	0	32.00
33.00	105.00	KIDNEY ACQUISITION	324,063	16,203	0	0	0	33.00
34.00	107.00	LIVER ACQUISITION	244,343	12,217	0	0	0	34.00
35.00	109.00	PANCREAS ACQUISITION	25,522	1,276	0	0	0	35.00
200.00			13,970,260	698,516	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	42,503	0	0		1.00
2.00	5.03	RESEARCH ADMINISTRATION	0	411,815	71,848	71,848		2.00
3.00	5.06	ADMIN & GEN ANIMAL LAB	0	10,778	5,309	5,309		3.00
4.00	5.07	ADMIN & GEN PT SERVICE	0	10,778	60,136	60,136		4.00
5.00	5.09	RESEARCH FACULTY	0	2,047,991	656,144	656,144		5.00
6.00	5.10	RESEARCH SPA	0	115,308	262,675	262,675		6.00
7.00	5.11	CORPORATE ADMINISTRATION	0	1,530,223	666,980	666,980		7.00
8.00	13.00	NURSING ADMINISTRATION	0	63,653	23,824	23,824		8.00
9.00	16.01	MEDICAL RECORDS & LIBRARY	0	645,990	157,270	157,270		9.00
10.00	18.00	CLINICAL LAB ADMIN MED	0	402,121	233,763	233,763		10.00
11.00	18.01	CLINICAL LAB ADMIN PED	0	166,518	0	0		11.00
12.00	18.02	CLINICAL LAB ADMIN OB	0	940,535	101,868	101,868		12.00
13.00	18.03	CLINICAL LAB ADMIN SURG	0	271,040	203,434	203,434		13.00
14.00	18.04	CLINICAL LAB ADMIN PSYCH	0	73,130	8,369	8,369		14.00
15.00	18.08	CLINICAL LAB ADMIN NEUR	0	85,413	158,368	158,368		15.00
16.00	18.09	CLINICAL LAB ADMIN OCLS	0	106,360	0	0		16.00
17.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	239,666	0	0		17.00
18.00	18.16	NURSING SCHOOL SPLIT	0	1,627	0	0		18.00
19.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,872,940	987,190	1,008,190		19.00
20.00	23.11	PARAMED PHYSICIANS ASSISTANT	0	31,928	32,467	32,467		20.00
21.00	30.00	ADULTS & PEDIATRICS	0	166,150	0	0		21.00
22.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	484,111	504,064	504,064		22.00
23.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	0	17,591	7,466	7,466		23.00
24.00	35.02	PREMATURE INTENSIVE CARE UNIT	0	31,725	19,571	19,571		24.00
25.00	41.00	SUBPROVIDER - IRF	0	31,928	378	378		25.00
26.00	54.00	RADIOLOGY-DIAGNOSTIC	0	27,456	40,306	40,306		26.00
27.00	60.00	LABORATORY	0	241,700	128,781	128,781		27.00
28.00	65.00	RESPIRATORY THERAPY	0	10,372	0	0		28.00
29.00	68.00	SPEECH PATHOLOGY	0	17,693	15,714	15,714		29.00
30.00	69.00	ELECTROCARDIOLOGY	0	25,726	11,697	11,697		30.00
31.00	90.00	CLINIC	0	127,612	16,200	16,200		31.00
32.00	91.00	EMERGENCY	0	123,951	21,595	21,595		32.00
33.00	105.00	KIDNEY ACQUISITION	0	324,063	139,680	139,680		33.00
34.00	107.00	LIVER ACQUISITION	0	244,343	214,434	214,434		34.00
35.00	109.00	PANCREAS ACQUISITION	0	25,522	14,581	14,581		35.00
200.00			0	13,970,260	4,764,112	4,785,112		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	20,314,036	0	20,314,036	0	1.01
1.02	00102	DEPRECIATION DIRECT BLDG	4,706,984	0	0	4,706,984	1.02
1.03	00103	DEPRECIATION KELLOGG PAV	4,553,393	0	0	0	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	5,326,947	0	0	0	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	7,236,352	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	1,301,693	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	845,542	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	330,775	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	782,565	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	1,557,008	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	49,652	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	60,043,049	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	532,762	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	31,389	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	1,362,701	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	17,360,511	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
2.01	00201	INTEREST GENERAL	0	0	0	0	2.01
2.02	00202	INTEREST DIRECT BLDG	0	0	0	0	2.02
2.03	00203	INTEREST ATRUM PAV	0	0	0	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	0	0	2.04
2.05	00205	INTEREST TOB	0	0	0	0	2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	193,897,571	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	16,193	0	0	0	5.01
5.02	00540	PARKING GARAGE	-1,644,975	0	0	4,260,527	5.02
5.03	00591	RESEARCH ADMINISTRATION	7,461,796	0	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	5,865,513	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	3,626,710	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	846,972	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	131,868,066	0	201,643	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	8,731,117	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	8,908,194	0	0	1,046	5.09
5.10	00598	RESEARCH SPA	6,605,932	0	31,643	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	88,625,571	0	53,466	371,993	5.11
6.00	00600	MAINTENANCE & REPAIRS	56,020,607	0	10,050,740	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,438,281	0	161,271	0	8.00
9.00	00900	HOUSEKEEPING	20,271,130	0	79,435	0	9.00
10.00	01000	DIETARY	495,924	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	8,097,692	0	0	0	10.01
11.00	01100	CAFETERIA	-548,009	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,904,446	0	277,587	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	66	0	0	0	14.00
15.00	01500	PHARMACY	24,595,113	0	647,485	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,064,258	0	145,122	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	15,601,311	0	287,407	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	374,434	0	0	0	18.00
18.01	01800	CLINICAL LAB ADMIN PED	225,014	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	2,486,485	0	920,270	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	3,285,615	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	255,443	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	660,946	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	6,270,853	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	2,086,563	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	803,079	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	20,715,000	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	11,854,388	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	15,936,064	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	-21,916,788	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	44,263,916	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,000,075	0	683,929	0	22.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	-1,174,110	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-491,452	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	-598,212	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	-2,447,141	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-2,501,590	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	225,942	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	846,986	0	0	0	16,421	23.06
23.07	02307	PARAMED TECHNOLOGY	-1,127,870	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-205,472	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	653,015	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-155,556	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-1,279,998	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,643,197	0	865,277	0	424,930	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,433,856	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	20,200,622	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,898,401	0	0	0	197,926	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	11,630,602	0	460,026	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	3,367,597	0	0	0	320,803	40.00
41.00	04100	SUBPROVIDER - IRF	4,084,105	0	0	0	0	41.00
43.00	04300	NURSERY	1,375,674	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,618,428	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	4,931,863	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,951,501	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,498,409	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,472,030	0	397,613	0	53,211	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,903,479	0	0	0	63,118	55.00
56.00	05600	RADIOISOTOPE	1,991,711	0	0	0	0	56.00
60.00	06000	LABORATORY	54,331,810	0	53,030	0	28,977	60.00
60.01	06002	LABORATORY - HLA	1,677,232	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,387,151	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	-2,027	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,488,542	0	0	0	19,610	65.00
66.00	06600	PHYSICAL THERAPY	4,549,813	0	348,075	0	4,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,310,499	0	347,420	0	24,403	67.00
68.00	06800	SPEECH PATHOLOGY	2,293,763	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,912,082	0	0	0	54,916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,367,801	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,386,249	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,411,975	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,585,515	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	5,037,329	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,209,457	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	65,614,858	0	0	0	36,824	90.00
91.00	09100	EMERGENCY	13,065,736	0	0	0	208,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,779,593	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	99	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,688,225	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	399,695	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,467,627,339	0	16,011,439	4,632,520	4,166,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,056,589	0	0	74,464	0	190.00
190.01	19001	FUND RAISING	11,630,957	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,965,983	0	0	0	0	190.02
191.00	19100	RESEARCH	45,157,675	0	0	0	5,772	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	31,257,372	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	8,462,275	0	0	0	9,214	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	263,513,511	0	3,434,047	0	352,463	192.00
194.00	07950	MEDICAL COLLEGE	23,056,756	0	184,840	0	18,969	194.00
194.01	07951	AFFIL CORP ARC VENTURES	55,574,002	0	683,710	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	3,396,546	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
194.03	07953	AFFIL CORP JOINT VENTURES	34,397,331	0	0	0	0	194.03
194.04	07954	CON - GNE	62,930	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,949,159,266	0	20,314,036	4,706,984	4,553,393	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
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Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH	5,326,947				1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	7,236,352			1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	1,301,693		1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	845,542	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,389	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	2,480	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	906,100	0	148	2,482	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	11,961	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	38,663	74	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	68,576	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	107,156	85,412	2,925	6,450	5.07
5.08	00596	PERSONNEL DEPARTMENT	54,695	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	19,690	0	229	1,452	5.09
5.10	00598	RESEARCH SPA	115,167	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	47,592	45,219	31	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	2,525,823	3,734,291	284,021	345,345	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,773	11,666	0	0	8.00
9.00	00900	HOUSEKEEPING	5,731	43,955	1,268	1,880	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	302,999	0	0	10.01
11.00	01100	CAFETERIA	27,008	71,780	2,090	0	11.00
13.00	01300	NURSING ADMINISTRATION	22,540	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	66,460	0	0	14.00
15.00	01500	PHARMACY	0	155,115	340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	20,721	340	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	5,979	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	36,468	29,706	2,814	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	207,563	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	1,812	1,392	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,109	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	6,344	522	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	6,739	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	21,016	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	40,135	0	2,115	7,233	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,385	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	3,889	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	1,360	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	7,651	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,962	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	2,274	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,133,001	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	17,113	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	206,328	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,932	261,304	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	107,692	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	108,342	20,370	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,523	0	49,889	17,229	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,531	248,501	0	5,531	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	480,636	430,191	52,195	34,323	0	60.00
60.01	06002	LABORATORY - HLA	22,201	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	24,235	0	0	3,580	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,565	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,655	0	8,163	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	20,106	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,492	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	10,754	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	6,898	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,181	0	225,334	128,976	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,012,707	7,170,945	647,062	586,031	204,654	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	27,839	8,688	93,429	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	161,958	0	340	5,787	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	120,513	0	1,534	19,838	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	31,769	0	216	6,222	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	37,568	424,468	75,451	126,121	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	29,681	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	189,704	58,784	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 07/01/2019
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Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
		1.04	1.05	1.06	1.07	1.08	
202.00	TOTAL (sum lines 118 through 201)	5,326,947	7,236,352	1,301,693	845,542	330,775	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

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Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	782,565					1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,557,008				1.10
1.11	00111	DEPRECIATION JRB	0	0	49,652			1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0		1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	60,043,049	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	282,863	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	10,479	5.02
5.03	00591	RESEARCH ADMINISTRATION	2,951	13	0	0	285,021	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	65,644	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	71,181	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,208	0	0	0	254,944	5.06
5.07	00595	ADMIN & GEN PT SERVICE	836	10,893	222	0	1,789,816	5.07
5.08	00596	PERSONNEL DEPARTMENT	6,850	0	0	0	106,795	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	15,078	5.09
5.10	00598	RESEARCH SPA	1,128	0	0	0	156,063	5.10
5.11	00560	CORPORATE ADMINISTRATION	47,675	46,045	1,501	0	1,925,859	5.11
6.00	00600	MAINTENANCE & REPAIRS	316,517	490,796	12,026	0	22,007,878	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	91,795	8.00
9.00	00900	HOUSEKEEPING	1,269	15,477	631	0	826,769	9.00
10.00	01000	DIETARY	0	0	0	0	73,871	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	97	0	398,276	10.01
11.00	01100	CAFETERIA	49,324	0	0	0	593,081	11.00
13.00	01300	NURSING ADMINISTRATION	5,893	0	211	0	215,248	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	262	0	538,135	14.00
15.00	01500	PHARMACY	0	0	0	0	267,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	865	0	0	0	178,523	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	122	0	166,464	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	118,901	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	2,945	0	0	84,569	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	77,343	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	210,712	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	7,836	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,126	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	190,417	0	0	0	1,812,433	18.14
18.16	01861	NURSING SCHOOL SPLIT	36,785	0	0	0	282,816	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,919	0	0	0	312,971	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,826	0	0	260,809	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,208	0	0	0	88,746	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	619	0	0	0	4,630	23.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	2,040	0	0	0	15,265	23.02
23.03	02303	PARAMED SPEECH	4,065	0	0	0	62,532	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	3,762	0	0	0	31,594	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	8,524	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	40,854	23.06
23.07	02307	PARAMED TECHNOLOGY	1,906	0	0	0	14,264	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	385	0	0	0	2,878	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	2,534	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	2,088	0	0	0	15,625	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,567	0	0	0	11,731	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	4,013,428	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	673,271	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	7,231	0	0	0	713,343	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	202,501	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	608,706	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	2,527	0	404,063	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,984	0	379,538	41.00
43.00	04300	NURSERY	0	0	0	0	229,872	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,915	0	0	0	1,655,885	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	474,900	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	333,898	52.00
53.00	05300	ANESTHESIOLOGY	1,314	6,680	0	0	252,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	76,906	0	0	1,265,304	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	358,423	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	94,032	56.00
60.00	06000	LABORATORY	4,470	8,810	0	0	1,466,679	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	22,538	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	78,532	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	106,701	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,234	0	192,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,024	0	182,199	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	171	0	117,994	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	235,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	38,398	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	11,981	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,536	0	229,106	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,038	345,343	1,441	0	2,012,290	90.00
91.00	09100	EMERGENCY	0	0	0	0	792,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	9,009	0	0	25,635	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,799	0	0	7,914	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	27	0	0	63	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	728,245	1,018,569	33,989	0	50,970,187	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,251	0	10,817	0	502,052	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	106,138	190.02
191.00	19100	RESEARCH	8,466	159	97	0	1,944,644	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,939	11,470	178	0	230,607	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,206	53	785	0	516,739	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,896	516,780	2,875	0	4,584,597	192.00
194.00	07950	MEDICAL COLLEGE	35,562	0	538	0	407,472	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	9,977	373	0	163,367	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	617,246	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
202.00	TOTAL (sum lines 118 through 201)	782,565	1,557,008	49,652	0	60,043,049	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	532,762					1.14
1.15	00115	DEPRECIATION KIDSTON	0	31,389				1.15
1.16	00116	DEPRECIATION COHN	0	0	1,362,701			1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	17,360,511		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	5,206	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	7	43,190	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	2,292	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	34,677	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	86,264	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	5,318	2,648	0	502,067	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	2,466	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	14,922	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	98,679	4,130	36,855	19,621	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	104,622	10,689	526,339	5,596,614	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	13,223	0	0	69,024	0	8.00
9.00	00900	HOUSEKEEPING	99,714	77	6,153	157,416	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	65,585	0	10.01
11.00	01100	CAFETERIA	0	0	313	98,941	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	30,150	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	562,698	0	14.00
15.00	01500	PHARMACY	0	0	0	49,364	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,773	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	4,697	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	17	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	627	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	87,440	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	339	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	5,894	0	0	0	0	0 23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	0 23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	0 23.05
23.06	02306	PARAMED PASTORAL CARE	0	978	0	0	0	0 23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	0 23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	0 23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	0 23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	0 23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	0 23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	432	0	2,838,687	0	0 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	836,247	0	0 34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	818,802	0	0 35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	0 35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	715,101	0	0 35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0 41.00
43.00	04300	NURSERY	0	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,407,804	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	440,834	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	414,724	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	116,814	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	896,062	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,608	17,912	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	116,794	0	0 56.00
60.00	06000	LABORATORY	1,829	630	759	207,343	0	0 60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	56,590	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	92,569	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	47,363	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,700	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	29,124	0	0	855	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	204,603	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	47,693	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0 74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	0 76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	26,848	0	0 76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	50,807	0	0	1,340	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	745,116	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0 92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	0 93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	193	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	58	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	0 112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	452,322	27,475	718,869	17,331,604	0	0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	24,827	0	0 190.00
190.01	19001	FUND RAISING	0	0	0	0	0	0 190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	0 190.02
191.00	19100	RESEARCH	170	84	503,324	0	0	0 191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	161	1,430	0	0	0	0 191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,398	29	116,339	0	0	0 191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	76,711	1,744	6,360	4,080	0	0 192.00
194.00	07950	MEDICAL COLLEGE	0	627	17,809	0	0	0 194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	0 194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	0 194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	0 194.03
194.04	07954	CON - GNE	0	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	532,762	31,389	1,362,701	17,360,511	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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		Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III	0					2.06
2.07	00207	INTEREST TOWER	0	0				2.07
2.08	00208	INTEREST PRO BLDG NORTH	0		0			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	194,216,823		4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	16,193	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	1,076,465	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	681,886	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	752,879	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	403,771	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	12,881,091	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	1,153,762	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	1,749,483	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	1,074,619	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	13,436,033	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	1,376,844	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	170,576	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,697,823	0	9.00
10.00	01000	DIETARY	0	0	0	98,851	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	1,351,523	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,357,870	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	2,777,923	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,142,628	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	2,810,025	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	130,638	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	44,501	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	406,560	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	419,412	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	50,458	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	14,271	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	214,733	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	396,032	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	81,708	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	3,031,254	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	1,886,183	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	3,162,289	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	740,113	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	9,066,380	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,805,894	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	313,473	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	139,131	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08			
23.02	02302	PARAMED DIETARY	0	0	0	73,596	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	331,916	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	255,976	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	43,805	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	140,536	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	123,178	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	50,349	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	133,811	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	111,854	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	226,058	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	12,372,536	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	3,513,517	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	3,624,057	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	903,699	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	2,246,732	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	705,092	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	830,678	0	41.00
43.00	04300	NURSERY	0	0	0	270,003	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	3,155,443	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	940,220	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,074,618	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	233,969	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,284,021	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	759,647	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	124,187	0	56.00
60.00	06000	LABORATORY	0	0	0	5,065,206	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	127,708	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	372,277	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,411,797	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	925,529	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	690,218	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	434,336	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,094,259	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	264,575	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	643,625	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	6,277,605	0	90.00
91.00	09100	EMERGENCY	0	0	0	2,384,039	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	335,427	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	175,306	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	12,627	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	126,641,114	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	244,092	0	190.00
190.01	19001	FUND RAISING	0	0	0	1,899,090	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	339,536	0	190.02
191.00	19100	RESEARCH	0	0	0	5,066,773	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	4,032,866	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	1,422,211	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	47,442,419	16,193	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	2,971,362	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	2,027,634	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	234,012	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	1,882,197	0	194.03
194.04	07954	CON - GNE	0	0	0	13,517	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08			
202.00		TOTAL (sum lines 118 through 201)	0	0	0	194,216,823	16,193	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			PARKING GARAGE	RESEARCH ADMINISTRATIO N	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE	2,633,717					5.02
5.03	00591	RESEARCH ADMINISTRATION	19,874	9,801,000				5.03
5.04	00592	ADMIN & GEN INPT SERVICE	7,907	0	6,635,203			5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	5,387	0	0	4,529,571		5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	3,454	0	0	0	1,665,189	5.06
5.07	00595	ADMIN & GEN PT SERVICE	86,606	0	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	12,804	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	14,952	0	0	0	153,280	5.09
5.10	00598	RESEARCH SPA	10,389	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	370,856	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	73,650	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,811	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	28,624	0	0	0	0	9.00
10.00	01000	DIETARY	924	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	13,491	0	0	0	0	10.01
11.00	01100	CAFETERIA	1,425	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	22,268	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,434	0	0	0	0	14.00
15.00	01500	PHARMACY	211,122	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,991	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	23,169	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	881	0	0	0	0	18.00
18.01	01800	CLINICAL LAB ADMIN PED	224	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	4,149	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	3,734	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	122	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	1,910	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	6,236	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	2,159	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,058	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	36,498	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	35,277	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	74,920	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,384	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	11,748	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	865	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	508	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	2,308	0	0	0	0	23.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			PARKING GARAGE	RESEARCH ADMINISTRATIO N	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,674	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	17	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	234	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	872	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	382	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	741	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,622	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	118,671	0	752,218	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	30,900	0	252,304	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	32,842	0	248,505	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,990	0	52,403	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	19,796	0	193,881	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	7,005	0	32,870	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,913	0	62,166	0	0	41.00
43.00	04300	NURSERY	0	0	19,263	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	134,920	0	743,852	298,619	0	50.00
51.00	05100	RECOVERY ROOM	9,575	0	58,827	42,262	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,152	0	69,279	8,279	0	52.00
53.00	05300	ANESTHESIOLOGY	11,679	0	224,717	112,395	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,885	0	512,064	476,757	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,522	0	14,685	182,587	0	55.00
56.00	05600	RADIOISOTOPE	2,998	0	7,312	34,556	0	56.00
60.00	06000	LABORATORY	78,535	0	735,236	635,146	0	60.00
60.01	06002	LABORATORY - HLA	2,245	0	1,434	11,647	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	13,186	0	133,404	29,091	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	148,097	6,630	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,659	0	174,080	2,242	0	65.00
66.00	06600	PHYSICAL THERAPY	7,569	0	55,211	20,283	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,743	0	44,789	6,880	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,925	0	20,688	10,593	0	68.00
69.00	06900	ELECTROCARDIOLOGY	31,192	0	151,650	118,088	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,149	0	57,303	9,686	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	255,706	93,731	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	573,636	151,759	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	750,486	1,298,514	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	5,949	0	51,779	926	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	5,182	0	3	1,833	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	99,033	0	4,944	641,778	0	90.00
91.00	09100	EMERGENCY	22,735	0	180,675	335,289	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,329	0	35,549	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,663	0	14,207	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	501	0	1,980	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,881,104	0	6,635,203	4,529,571	153,280	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	5,554	0	0	0	0	190.00
190.01	19001	FUND RAISING	16,019	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	2,739	0	0	0	0	190.02
191.00	19100	RESEARCH	66,711	4,631,646	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	44,641	3,099,327	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	29,816	2,070,027	0	0	1,498,168	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	431,674	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	40,846	0	0	0	13,741	194.00
194.01	07951	AFFIL CORP ARC VENTURES	67,955	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	3,967	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	42,601	0	0	0	0	194.03
194.04	07954	CON - GNE	90	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,633,717	9,801,000	6,635,203	4,529,571	1,665,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE	147,657,909					5.07
5.08	00596	PERSONNEL DEPARTMENT	0	10,066,023				5.08
5.09	00597	RESEARCH FACULTY	0	72,167	10,938,037			5.09
5.10	00598	RESEARCH SPA	0	51,727	0	8,061,590		5.10
5.11	00560	CORPORATE ADMINISTRATION	0	556,206	0	0	105,776,333	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	138,897	0	0	105,458,125	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,905	0	0	3,988,595	8.00
9.00	00900	HOUSEKEEPING	0	447,933	0	0	25,847,280	9.00
10.00	01000	DIETARY	0	8,427	0	0	677,997	10.00
10.01	01001	PATIENT FOOD SERVICE	0	154,727	0	0	10,388,491	10.01
11.00	01100	CAFETERIA	0	0	0	0	299,986	11.00
13.00	01300	NURSING ADMINISTRATION	0	116,293	0	0	18,055,232	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,171,055	14.00
15.00	01500	PHARMACY	0	159,767	0	0	28,872,782	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	83,771	0	0	9,669,931	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	164,551	0	0	19,085,220	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	2,421	0	0	508,374	18.00
18.01	01800	CLINICAL LAB ADMIN PED	0	1,373	0	0	271,112	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	14,247	0	0	3,997,398	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	17,762	0	0	3,883,042	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	1,257	0	0	384,623	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	850	0	0	1,096,252	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	3,818	0	0	6,495,640	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	19,322	0	0	2,515,116	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	6,518	0	0	894,598	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	179,602	0	0	23,962,354	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	132,495	0	0	16,165,396	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	164,260	0	0	19,624,230	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	18,763	0	0	758,876	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	-21,916,788	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	768,422	0	0	54,777,599	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	65,159	0	0	11,963,141	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	24,327	0	0	-727,223	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	4,772	0	0	-341,435	23.01
23.02	02302	PARAMED DIETARY	0	2,852	0	0	-503,951	23.02
23.03	02303	PARAMED SPEECH	0	14,294	0	0	-2,022,243	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	12,210	0	0	-2,195,014	23.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	2,933	0	0	288,872	23.05
23.06	02306	PARAMED PASTORAL CARE	0	12,222	0	0	1,061,193	23.06
23.07	02307	PARAMED TECHNOLOGY	0	6,216	0	0	-981,434	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	2,363	0	0	-149,115	23.08
23.09	02309	PARAMED PHARMACY	0	11,966	0	0	803,600	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	4,307	0	0	-20,941	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	9,719	0	0	-1,029,301	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,737,912	885,565	0	0	98,785,854	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,930,312	230,712	0	0	27,901,119	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,886,184	219,642	0	0	28,751,228	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	608,619	61,900	0	0	6,950,552	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	2,251,768	145,998	0	0	18,272,610	35.02
40.00	04000	SUBPROVIDER - IPF	381,755	54,358	0	0	5,276,070	40.00
41.00	04100	SUBPROVIDER - IRF	722,009	57,745	0	0	6,153,138	41.00
43.00	04300	NURSERY	223,726	16,971	0	0	2,341,837	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,293,774	216,465	0	0	50,868,341	50.00
51.00	05100	RECOVERY ROOM	1,341,957	57,780	0	0	8,405,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	933,664	67,441	0	0	8,863,556	52.00
53.00	05300	ANESTHESIOLOGY	4,361,783	21,650	0	0	9,970,454	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,378,340	223,693	0	0	39,261,527	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,016,513	42,066	0	0	13,627,592	55.00
56.00	05600	RADIOISOTOPE	623,544	8,322	0	0	3,003,456	56.00
60.00	06000	LABORATORY	18,439,091	368,922	0	0	82,423,818	60.00
60.01	06002	LABORATORY - HLA	198,206	6,914	0	0	2,070,125	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,002,811	27,644	0	0	13,128,501	62.00
64.00	06400	INTRAVENOUS THERAPY	1,823,370	0	0	0	1,976,070	64.00
65.00	06500	RESPIRATORY THERAPY	2,056,740	86,809	0	0	14,466,314	65.00
66.00	06600	PHYSICAL THERAPY	957,379	60,282	0	0	7,188,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	627,425	43,451	0	0	5,307,857	67.00
68.00	06800	SPEECH PATHOLOGY	405,388	26,865	0	0	3,343,702	68.00
69.00	06900	ELECTROCARDIOLOGY	3,601,917	71,945	0	0	11,493,256	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	816,494	23,175	0	0	2,627,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,430,788	0	0	0	38,166,474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,027,753	0	0	0	78,165,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,948,212	0	0	0	181,582,727	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	615,802	0	0	0	5,734,520	76.00
76.01	03550	PSYCH DAY HOSPITAL	28,598	48,934	0	0	4,202,020	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,060,710	562,445	0	0	86,075,947	90.00
91.00	09100	EMERGENCY	7,324,492	165,832	0	0	25,225,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	412,876	20,311	0	0	5,624,922	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	99	106.00
107.00	10700	LIVER ACQUISITION	164,998	6,774	0	0	3,063,944	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	22,999	419	0	0	438,311	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	147,657,909	7,310,851	0	0	1,349,593,350	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	13,898	0	0	4,064,500	190.00
190.01	19001	FUND RAISING	0	82,002	0	0	13,628,068	190.01
190.02	19002	RUSH DAY SCHOOL	0	22,954	0	0	2,437,350	190.02
191.00	19100	RESEARCH	0	340,021	0	4,829,677	62,723,304	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	298,048	0	3,231,913	42,351,837	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	25,526	10,938,037	0	25,134,030	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,607,270	0	0	322,657,228	192.00
194.00	07950	MEDICAL COLLEGE	0	129,923	0	0	26,878,445	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	126,000	0	0	58,682,699	194.01
194.02	07952	AFFIL CORP ROOM 500	0	31,381	0	0	4,531,640	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	77,509	0	0	36,399,638	194.03
194.04	07954	CON - GNE	0	640	0	0	77,177	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	147,657,909	10,066,023	10,938,037	8,061,590	1,949,159,266	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CORPORATE ADMINISTRATIO N	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	105,776,333					5.11
6.00	00600	MAINTENANCE & REPAIRS	6,031,994	111,490,119				6.00
6.01	00601	RENTED SPACE COSTS	0	0	0			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	228,140	313,571	0	4,530,306		8.00
9.00	00900	HOUSEKEEPING	1,478,413	2,790,992	0	0	30,116,685	9.00
10.00	01000	DIETARY	38,780	252,342	0	0	70,117	10.00
10.01	01001	PATIENT FOOD SERVICE	594,201	1,360,500	0	0	378,037	10.01
11.00	01100	CAFETERIA	17,159	2,025,951	0	0	562,943	11.00
13.00	01300	NURSING ADMINISTRATION	1,032,723	735,281	0	0	204,310	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	66,982	1,838,257	0	0	510,789	14.00
15.00	01500	PHARMACY	1,651,465	915,068	0	0	254,266	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	553,101	609,832	0	0	169,452	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,091,636	568,638	0	0	158,005	16.01
18.00	01850	CLINICAL LAB ADMIN MED	29,078	0	0	0	0	18.00
18.01	01800	CLINICAL LAB ADMIN PED	15,507	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	228,643	406,163	0	0	112,859	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	222,102	288,887	0	0	80,272	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	22,000	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	62,703	719,787	0	0	200,005	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	371,538	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	143,860	26,768	0	0	7,438	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	51,169	3,847	0	0	1,069	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	924,628	6,191,227	0	0	1,720,333	18.14
18.16	01861	NURSING SCHOOL SPLIT	1,122,467	966,092	0	0	268,444	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	43,406	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,133,169	1,069,102	0	0	297,067	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	684,268	667,053	0	0	185,352	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	303,153	0	0	84,236	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	15,815	0	0	4,394	23.01
23.02	02302	PARAMED DIETARY	0	52,146	0	0	14,490	23.02
23.03	02303	PARAMED SPEECH	0	213,607	0	0	59,354	23.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CORPORATE ADMINISTRATIO N	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	107,925	0	0	29,989	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	16,523	29,118	0	0	8,091	23.05
23.06	02306	PARAMED PASTORAL CARE	60,698	139,555	0	0	38,778	23.06
23.07	02307	PARAMED TECHNOLOGY	0	48,727	0	0	13,539	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	9,831	0	0	2,732	23.08
23.09	02309	PARAMED PHARMACY	45,964	8,655	0	0	2,405	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	53,375	0	0	14,831	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	40,071	0	0	11,134	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,650,353	13,709,775	0	869,995	3,809,484	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,595,888	2,299,878	0	125,133	639,058	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,644,513	2,436,761	0	205,797	677,094	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	397,558	691,737	0	0	192,210	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,045,157	2,079,326	0	58,970	577,774	35.02
40.00	04000	SUBPROVIDER - IPF	301,781	1,380,269	0	124,716	383,530	40.00
41.00	04100	SUBPROVIDER - IRF	351,947	1,296,493	0	216,041	360,252	41.00
43.00	04300	NURSERY	133,948	785,237	0	124,877	218,191	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,909,567	5,656,462	0	501,365	1,571,740	50.00
51.00	05100	RECOVERY ROOM	480,801	1,622,246	0	0	450,767	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	506,978	1,140,589	0	0	316,931	52.00
53.00	05300	ANESTHESIOLOGY	570,290	861,960	0	0	239,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,245,681	4,322,249	0	542,580	1,201,007	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	779,471	1,224,365	0	0	340,210	55.00
56.00	05600	RADIOISOTOPE	171,792	321,211	0	112,569	89,254	56.00
60.00	06000	LABORATORY	4,714,478	5,010,139	0	301,817	1,392,149	60.00
60.01	06002	LABORATORY - HLA	118,407	76,990	0	0	21,393	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	750,924	268,264	0	0	74,541	62.00
64.00	06400	INTRAVENOUS THERAPY	113,027	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	827,444	364,488	0	0	101,279	65.00
66.00	06600	PHYSICAL THERAPY	411,194	656,742	0	38,763	182,486	66.00
67.00	06700	OCCUPATIONAL THERAPY	303,599	622,387	0	11,551	172,940	67.00
68.00	06800	SPEECH PATHOLOGY	191,253	403,064	0	0	111,998	68.00
69.00	06900	ELECTROCARDIOLOGY	657,391	803,135	0	0	223,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,275	131,167	0	0	36,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,183,046	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,470,889	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,386,169	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	328,003	40,926	0	0	11,372	76.00
76.01	03550	PSYCH DAY HOSPITAL	240,347	357,382	0	0	99,305	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,923,372	6,873,935	0	0	1,910,034	90.00
91.00	09100	EMERGENCY	1,442,828	2,708,658	0	1,184,276	752,645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	321,734	87,569	0	0	24,332	105.00
106.00	10600	HEART ACQUISITION	6	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	175,251	27,035	0	0	7,512	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	25,071	214	0	0	59	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,482,750	81,031,989	0	4,418,450	21,653,399	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	232,481	1,714,998	0	111,856	476,540	190.00
190.01	19001	FUND RAISING	779,498	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	139,412	0	0	0	0	190.02
191.00	19100	RESEARCH	3,587,648	6,622,180	0	0	1,840,080	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,422,440	730,526	0	0	202,989	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,437,616	1,748,444	0	0	485,833	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	18,454,961	15,599,698	0	0	4,334,630	192.00
194.00	07950	MEDICAL COLLEGE	1,537,393	1,375,727	0	0	382,268	194.00
194.01	07951	AFFIL CORP ARC VENTURES	3,356,533	558,059	0	0	155,066	194.01
194.02	07952	AFFIL CORP ROOM 500	259,201	2,108,498	0	0	585,880	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	2,081,986	0	0	0	0	194.03
194.04	07954	CON - GNE	4,414	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	105,776,333	111,490,119	0	4,530,306	30,116,685	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,039,236					10.00
10.01	01001	PATIENT FOOD SERVICE	606,194	13,327,423				10.01
11.00	01100	CAFETERIA	433,042	0	3,339,081			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	45,239	20,072,785		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,587,083	14.00
15.00	01500	PHARMACY	0	0	62,152	0	5,506	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	32,588	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	64,013	486,393	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	942	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	534	0	6	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	5,542	5,123	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	6,910	6,247	898	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	489	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	331	0	77	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	1,485	0	485	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	7,517	0	167	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	2,536	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	69,867	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	51,542	1,624	3,234	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	63,899	365,825	183	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	7,299	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	298,926	0	95	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	25,348	0	649	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	9,464	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,856	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	1,109	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	5,560	0	0	23.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	4,750	0	1	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	1,141	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	4,754	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	2,418	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	919	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	4,655	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	1,675	0	4	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	3,781	0	198	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	9,105,270	344,496	6,461,786	295,431	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,342,851	89,750	2,013,913	98,790	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	1,509,318	85,444	1,822,754	93,899	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	294,607	24,080	541,491	24,482	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	56,795	1,349,855	34,504	35.02
40.00	04000	SUBPROVIDER - IPF	0	371,916	21,146	249,631	993	40.00
41.00	04100	SUBPROVIDER - IRF	0	703,461	22,464	358,954	5,662	41.00
43.00	04300	NURSERY	0	0	6,602	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	84,208	1,246,155	1,405,388	50.00
51.00	05100	RECOVERY ROOM	0	0	22,477	528,123	15,773	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	26,235	513,130	25,736	52.00
53.00	05300	ANESTHESIOLOGY	0	0	8,422	0	95,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	87,020	248,506	150,436	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	16,364	53,724	6,929	55.00
56.00	05600	RADIOISOTOPE	0	0	3,238	0	2,204	56.00
60.00	06000	LABORATORY	0	0	143,516	403,682	143,710	60.00
60.01	06002	LABORATORY - HLA	0	0	2,690	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	10,754	42,480	2,875	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	33,770	0	73,983	65.00
66.00	06600	PHYSICAL THERAPY	0	0	23,451	0	1,876	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	16,903	0	3,487	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,451	0	12,089	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	27,988	286,238	313,489	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,015	0	4,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	18,530	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	22,023	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	19,036	12,369	15	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	206,519	1,871,981	86,644	90.00
91.00	09100	EMERGENCY	0	0	64,511	1,178,687	48,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	7,901	12,994	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,635	11,120	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	163	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,039,236	13,327,423	2,267,285	20,072,785	2,999,412	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	5,406	0	28	190.00
190.01	19001	FUND RAISING	0	0	31,900	0	27	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	8,929	0	18	190.02
191.00	19100	RESEARCH	0	0	132,273	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	115,945	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	9,930	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	625,246	0	130,032	192.00
194.00	07950	MEDICAL COLLEGE	0	0	50,542	0	45	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	49,016	0	12,517	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	12,208	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	30,152	0	445,004	194.03
194.04	07954	CON - GNE	0	0	249	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,039,236	13,327,423	3,339,081	20,072,785	3,587,083	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
					CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
		15.00	16.00	16.01	18.00	18.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	31,761,239				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,034,904			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	5,824,900	27,278,805		16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	538,394	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	287,159	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	2,645	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	402	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	23.01

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,489	0	3,093,003	0	116,936	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11	0	1,037,260	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	10	0	1,021,640	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	215,437	0	145,179	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	797,072	0	410	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	135,132	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1	0	255,574	0	0	41.00
43.00	04300	NURSERY	0	0	79,194	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22	0	3,058,085	0	0	50.00
51.00	05100	RECOVERY ROOM	1	0	241,845	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8	0	284,818	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,926	0	923,843	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,203	0	2,105,170	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3	0	60,371	0	0	55.00
56.00	05600	RADIOISOTOPE	136	0	30,061	0	0	56.00
60.00	06000	LABORATORY	721	0	3,022,662	71,205	24,634	60.00
60.01	06002	LABORATORY - HLA	0	0	5,897	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,081	0	548,441	36,073	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	608,847	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	155	0	715,669	128,925	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	226,980	49,345	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11	0	184,136	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	85,050	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	623,456	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	235,580	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,051,243	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,358,300	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,789,250	0	3,085,357	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	212,869	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	11	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,913,670	0	20,326	4,702	0	90.00
91.00	09100	EMERGENCY	19	5,210,004	742,782	248,144	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	146,148	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	58,405	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	8,141	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,741,764	11,034,904	27,278,805	538,394	287,159	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	249	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,561,367	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	457,859	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
					CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
15.00			16.00	16.01	18.00	18.01	
202.00	TOTAL (sum lines 118 through 201)	31,761,239	11,034,904	27,278,805	538,394	287,159	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE					1/12/2021 3:07 pm
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB	4,755,728					18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	4,488,358				18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	407,112			18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	2,079,155		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	6,869,148	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,068,639	181,360	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	2,452,448	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,499,668	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	400,298	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,134,218	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	279,983	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,370,159	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	311,594	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	57,658	0	0	0	56.00
60.00	06000	LABORATORY	100,423	43,868	0	2,079,155	1,959,873	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	41,347	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	153,217	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,909,275	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	365,765	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	140,717	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	46,933	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,903	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,755,728	4,488,358	407,112	2,079,155	6,869,148	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,755,728	4,488,358	407,112	2,079,155	6,869,148	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	2,700,866				18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	953,219			18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	24,032,221		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	407,603	25,468,232	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	505,323	9,903,037	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	57,723	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,363,941	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	200,454	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	74,839	594,575	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	14,681	937,399	23.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

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From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	8,773	415,018	23.02
23.03	02303	PARAMED SPEECH	0	0	0	43,972	1,591,209	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	37,563	1,401,286	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	9,024	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	37,598	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	19,122	995,894	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	7,269	293,215	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	36,811	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	13,249	382,438	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	29,900	1,418,686	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	2,724,313	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	709,752	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	675,698	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	190,427	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	449,140	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	167,224	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	177,644	0	41.00
43.00	04300	NURSERY	0	0	0	52,208	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	246,758	0	665,922	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	177,751	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	207,472	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	66,603	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	688,159	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	129,410	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	25,603	0	56.00
60.00	06000	LABORATORY	0	0	823,517	1,134,936	0	60.00
60.01	06002	LABORATORY - HLA	0	0	29,316	21,270	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	100,386	85,044	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	267,057	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	185,450	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	133,671	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	82,645	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	221,330	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	462,277	0	71,294	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	150,537	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,991,831	0	1,633,170	0	90.00
91.00	09100	EMERGENCY	0	0	0	510,157	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	62,485	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	20,840	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,289	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,700,866	953,219	15,556,346	17,932,757	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	42,755	1,140,280	190.00
190.01	19001	FUND RAISING	0	0	0	252,268	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	70,613	0	190.02
191.00	19100	RESEARCH	0	0	0	1,046,025	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	916,901	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	78,527	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	4,944,520	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	399,690	6,395,195	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	387,622	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	96,539	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	238,446	0	194.03
194.04	07954	CON - GNE	0	0	0	1,969	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
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Cost Center Description		OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
		18.07	18.08	18.09	18.12	18.14	
202.00	TOTAL (sum lines 118 through 201)	0	2,700,866	953,219	24,032,221	25,468,232	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
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Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			NURSING SCHOOL SPLIT			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			18.16			21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01800	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT	32,819,902					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	867,304				19.00
20.00	02000	NURSING SCHOOL	29,062,023		7,145,235			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			61,939,899		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				13,726,265	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			NURSING SCHOOL SPLIT			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			18.16	19.00	20.00	21.00	22.00	
23.02	02302	PARAMED DIETARY	0					23.02
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	5,860,937	18,521,345	4,104,447	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,813,073	401,788	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	4,201,570	931,094	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	592,224	131,240	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	312,546	763,031	169,092	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	110,021	803,632	178,090	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	297,795	341,614	75,704	41.00
43.00	04300	NURSERY	0	0	0	144,206	31,957	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	4,771,393	1,057,370	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	617,425	136,825	52.00
53.00	05300	ANESTHESIOLOGY	0	867,304	563,936	4,376,577	969,876	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,702,430	1,263,694	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	607,625	134,653	55.00
56.00	05600	RADIOISOTOPE	0	0	0	715,429	158,543	56.00
60.00	06000	LABORATORY	0	0	0	1,850,875	410,165	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	180,607	40,024	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	397,616	88,114	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	750,430	166,300	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	882,036	195,465	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	1,912,477	423,817	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	7,211,691	1,598,155	90.00
91.00	09100	EMERGENCY	0	0	0	4,636,987	1,027,585	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	140,006	31,026	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,062,023	867,304	7,145,235	61,934,299	13,725,024	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,757,879	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	5,600	1,241	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			NURSING SCHOOL SPLIT			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			18.16	19.00	20.00	21.00	22.00	
202.00		TOTAL (sum lines 118 through 201)	32,819,902	867,304	7,145,235	61,939,899	13,726,265	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
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Cost Center Description		PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY					16.01
18.00	01850	CLINICAL LAB ADMIN MED					18.00
18.01	01800	CLINICAL LAB ADMIN PED					18.01
18.02	01851	CLINICAL LAB ADMIN OB					18.02
18.03	01852	CLINICAL LAB ADMIN SURG					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH					18.04
18.05	01854	CLINICAL LAB ADMIN PATH					18.05
18.06	01855	CLINICAL LAB ADMIN CARD					18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS					18.09
18.12	01859	DISCRETIONARY OPERATIONS					18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT					18.14
18.16	01861	NURSING SCHOOL SPLIT					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	339,044				23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		632,710			23.01
23.02	02302	PARAMED DIETARY			-12,415		23.02

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Cost Center Description			PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.03	02303	PARAMED SPEECH				-108,541		23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY					-613,500	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,443	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,916	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	14,790	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,598	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	8,915	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	3,155	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,564	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	60,946	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	4,312	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,572	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,260	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,863	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,089	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,350	0	0	0	0	56.00
60.00	06000	LABORATORY	35,368	632,710	0	0	0	60.00
60.01	06002	LABORATORY - HLA	1,011	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,938	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,602	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,409	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,586	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,768	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,047	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	968	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	2,679	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	2,333	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	44,599	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,238	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,850	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,649	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	226	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	339,044	632,710	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-12,415	-108,541	-613,500	201.00
202.00		TOTAL (sum lines 118 through 201)	339,044	632,710	-12,415	-108,541	-613,500	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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1/12/2021 3:07 pm

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	352,769					23.05
23.06	02306	PARAMED PASTORAL CARE		1,342,576				23.06
23.07	02307	PARAMED TECHNOLOGY			98,266			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				164,851		23.08
23.09	02309	PARAMED PHARMACY					902,090	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	211,738	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	55,133	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	58,598	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	14,256	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	35,321	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	12,499	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	14,120	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	240,766	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	17,083	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,114	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,839	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	176,384	74,733	0	82,425	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	176,385	24,126	0	82,426	0	55.00
56.00	05600	RADIOISOTOPE	0	5,349	0	0	0	56.00
60.00	06000	LABORATORY	0	140,126	98,266	0	0	60.00
60.01	06002	LABORATORY - HLA	0	4,006	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	23,527	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,156	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13,504	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,246	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,003	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	55,654	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,835	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	902,090	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	10,615	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	9,245	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	176,700	0	0	0	90.00
91.00	09100	EMERGENCY	0	40,564	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	11,292	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	6,535	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	893	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	352,769	1,342,576	98,266	164,851	902,090	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	352,769	1,342,576	98,266	164,851	902,090	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description		PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.10	23.11	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY					16.01
18.00	01850	CLINICAL LAB ADMIN MED					18.00
18.01	01800	CLINICAL LAB ADMIN PED					18.01
18.02	01851	CLINICAL LAB ADMIN OB					18.02
18.03	01852	CLINICAL LAB ADMIN SURG					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH					18.04
18.05	01854	CLINICAL LAB ADMIN PATH					18.05
18.06	01855	CLINICAL LAB ADMIN CARD					18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS					18.09
18.12	01859	DISCRETIONARY OPERATIONS					18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT					18.14
18.16	01861	NURSING SCHOOL SPLIT					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH					23.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
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Cost Center Description			PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	444,631					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		474,469				23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	74,881	175,049,975	-22,625,792	152,424,183	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	19,498	40,156,811	-2,214,861	37,941,950	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	20,723	44,150,931	-5,132,664	39,018,267	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	5,042	10,414,120	-723,464	9,690,656	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	12,491	28,475,457	-932,123	27,543,334	35.02
40.00	04000	SUBPROVIDER - IPF	0	4,420	9,524,225	-981,722	8,542,503	40.00
41.00	04100	SUBPROVIDER - IRF	0	4,993	10,639,421	-417,318	10,222,103	41.00
43.00	04300	NURSERY	0	0	3,918,257	-176,163	3,742,094	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	84,816	75,928,972	-5,828,763	70,100,209	50.00
51.00	05100	RECOVERY ROOM	0	6,041	12,373,428	0	12,373,428	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,406	13,803,013	-754,250	13,048,763	52.00
53.00	05300	ANESTHESIOLOGY	0	7,370	19,847,645	-5,346,453	14,501,192	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	26,429	59,569,655	-6,966,124	52,603,531	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,532	17,589,869	-742,278	16,847,591	55.00
56.00	05600	RADIOISOTOPE	0	1,892	4,699,745	-873,972	3,825,773	56.00
60.00	06000	LABORATORY	0	49,555	107,011,368	-2,261,040	104,750,328	60.00
60.01	06002	LABORATORY - HLA	0	1,417	2,352,522	0	2,352,522	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,320	15,312,780	-220,631	15,092,149	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,697,944	0	2,697,944	64.00
65.00	06500	RESPIRATORY THERAPY	444,631	9,250	17,951,453	-485,730	17,465,723	65.00
66.00	06600	PHYSICAL THERAPY	0	4,776	8,986,940	0	8,986,940	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,624	6,814,345	0	6,814,345	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,477	4,404,717	0	4,404,717	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,682	20,564,835	-916,730	19,648,105	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,356	3,734,351	0	3,734,351	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	41,419,293	0	41,419,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	84,994,312	0	84,994,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	220,745,593	0	220,745,593	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	3,754	7,444,262	-1,077,501	6,366,761	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	3,270	7,432,164	-2,336,294	5,095,870	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	62,489	119,971,530	-8,809,846	111,161,684	90.00
91.00	09100	EMERGENCY	0	14,345	45,046,176	-5,664,572	39,381,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,993	6,617,969	-171,032	6,446,937	105.00
106.00	10600	HEART ACQUISITION	0	0	105	0	105	106.00
107.00	10700	LIVER ACQUISITION	0	2,311	3,424,170	0	3,424,170	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	316	477,586	0	477,586	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	444,631	474,469	1,253,545,939	-75,659,323	1,177,886,616	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	11,546,723	0	11,546,723	190.00
190.01	19001	FUND RAISING	0	0	14,691,761	0	14,691,761	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,656,571	0	2,656,571	190.02
191.00	19100	RESEARCH	0	0	75,951,510	0	75,951,510	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	46,740,638	0	46,740,638	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	28,894,380	0	28,894,380	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	368,307,682	0	368,307,682	192.00
194.00	07950	MEDICAL COLLEGE	0	0	37,026,146	-6,841	37,019,305	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	63,659,371	0	63,659,371	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	7,593,966	0	7,593,966	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	39,195,226	0	39,195,226	194.03
194.04	07954	CON - GNE	0	0	83,809	0	83,809	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-734,456	0	-734,456	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.10	23.11	24.00	25.00	26.00	
202.00	TOTAL (sum lines 118 through 201)	444,631	474,469	1,949,159,266	-75,666,164	1,873,493,102	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	4,260,527	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	201,643	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	31,643	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	53,466	371,993	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	10,050,740	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	161,271	0	8.00
9.00	00900	HOUSEKEEPING	0	0	79,435	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	277,587	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	647,485	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	145,122	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	287,407	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	920,270	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	683,929	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
				1.00	1.01	1.02	1.03	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	16,421	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	865,277	0	424,930	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	197,926	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	460,026	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	320,803	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	397,613	0	53,211	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	63,118	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	53,030	0	28,977	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	19,610	65.00
66.00	06600	PHYSICAL THERAPY	0	0	348,075	0	4,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	347,420	0	24,403	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	54,916	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	36,824	90.00
91.00	09100	EMERGENCY	0	0	0	0	208,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	16,011,439	4,632,520	4,166,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	0	0	74,464	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	5,772	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	9,214	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	3,434,047	0	352,463	192.00
194.00	07950	MEDICAL COLLEGE	0	0	184,840	0	18,969	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	683,710	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			1.00	1.01	1.02	1.03	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	20,314,036	4,706,984	4,553,393	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,389	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	2,480	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	906,100	0	148	2,482	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	11,961	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	38,663	74	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	68,576	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	107,156	85,412	2,925	6,450	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	54,695	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	19,690	0	229	1,452	0	5.09
5.10	00598	RESEARCH SPA	115,167	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	47,592	45,219	31	0	74,673	5.11
6.00	00600	MAINTENANCE & REPAIRS	2,525,823	3,734,291	284,021	345,345	128,936	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,773	11,666	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,731	43,955	1,268	1,880	1,045	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	302,999	0	0	0	10.01
11.00	01100	CAFETERIA	27,008	71,780	2,090	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	22,540	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	66,460	0	0	0	14.00
15.00	01500	PHARMACY	0	155,115	340	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	20,721	340	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	5,979	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	36,468	29,706	2,814	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	207,563	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	1,812	1,392	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,109	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	6,344	522	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	6,739	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	21,016	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	40,135	0	2,115	7,233	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,385	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
		1.04	1.05	1.06	1.07	1.08	
23.02	02302	PARAMED DIETARY	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	3,889	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	1,360	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	7,651	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,962	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	2,274	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,133,001	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	17,113	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	206,328	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,932	261,304	0	0	50.00
51.00	05100	RECOVERY ROOM	0	107,692	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	108,342	20,370	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,523	0	49,889	17,229	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,531	248,501	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	480,636	430,191	52,195	34,323	60.00
60.01	06002	LABORATORY - HLA	22,201	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	24,235	0	0	3,580	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,565	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,655	0	8,163	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	20,106	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,492	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	10,754	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	6,898	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,181	0	225,334	128,976	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,012,707	7,170,945	647,062	586,031	204,654
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	27,839	8,688	93,429	190.00
190.01	19001	FUND RAISING	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	190.02
191.00	19100	RESEARCH	161,958	0	340	5,787	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	120,513	0	1,534	19,838	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	31,769	0	216	6,222	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	37,568	424,468	75,451	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	29,681	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	189,704	58,784	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
		1.04	1.05	1.06	1.07	1.08	
202.00	TOTAL (sum lines 118 through 201)	5,326,947	7,236,352	1,301,693	845,542	330,775	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	282,863	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	10,479	5.02
5.03	00591	RESEARCH ADMINISTRATION	2,951	13	0	0	285,021	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	65,644	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	71,181	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,208	0	0	0	254,944	5.06
5.07	00595	ADMIN & GEN PT SERVICE	836	10,893	222	0	1,789,816	5.07
5.08	00596	PERSONNEL DEPARTMENT	6,850	0	0	0	106,795	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	15,078	5.09
5.10	00598	RESEARCH SPA	1,128	0	0	0	156,063	5.10
5.11	00560	CORPORATE ADMINISTRATION	47,675	46,045	1,501	0	1,925,859	5.11
6.00	00600	MAINTENANCE & REPAIRS	316,517	490,796	12,026	0	22,007,878	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	91,795	8.00
9.00	00900	HOUSEKEEPING	1,269	15,477	631	0	826,769	9.00
10.00	01000	DIETARY	0	0	0	0	73,871	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	97	0	398,276	10.01
11.00	01100	CAFETERIA	49,324	0	0	0	593,081	11.00
13.00	01300	NURSING ADMINISTRATION	5,893	0	211	0	215,248	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	262	0	538,135	14.00
15.00	01500	PHARMACY	0	0	0	0	267,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	865	0	0	0	178,523	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	122	0	166,464	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	118,901	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	2,945	0	0	84,569	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	77,343	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	210,712	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	7,836	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,126	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	190,417	0	0	0	1,812,433	18.14
18.16	01861	NURSING SCHOOL SPLIT	36,785	0	0	0	282,816	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,919	0	0	0	312,971	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,826	0	0	260,809	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,208	0	0	0	88,746	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	619	0	0	0	4,630	23.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	2,040	0	0	15,265	23.02
23.03	02303	PARAMED SPEECH	4,065	0	0	62,532	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	3,762	0	0	31,594	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	8,524	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	40,854	23.06
23.07	02307	PARAMED TECHNOLOGY	1,906	0	0	14,264	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	385	0	0	2,878	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	2,534	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	2,088	0	0	15,625	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,567	0	0	11,731	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	4,013,428	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	673,271	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	7,231	0	0	713,343	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	202,501	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	608,706	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	2,527	404,063	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,984	379,538	41.00
43.00	04300	NURSERY	0	0	0	229,872	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,915	0	0	1,655,885	50.00
51.00	05100	RECOVERY ROOM	0	0	0	474,900	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	333,898	52.00
53.00	05300	ANESTHESIOLOGY	1,314	6,680	0	252,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	76,906	0	1,265,304	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	358,423	55.00
56.00	05600	RADIOISOTOPE	0	0	0	94,032	56.00
60.00	06000	LABORATORY	4,470	8,810	0	1,466,679	60.00
60.01	06002	LABORATORY - HLA	0	0	0	22,538	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	78,532	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	106,701	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,234	192,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,024	182,199	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	171	117,994	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	235,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	38,398	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	11,981	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,536	229,106	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,038	345,343	1,441	2,012,290	90.00
91.00	09100	EMERGENCY	0	0	0	792,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	9,009	0	25,635	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,799	0	7,914	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	27	0	63	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	728,245	1,018,569	33,989	50,970,187	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,251	0	10,817	502,052	190.00
190.01	19001	FUND RAISING	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	106,138	190.02
191.00	19100	RESEARCH	8,466	159	97	1,944,644	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,939	11,470	178	230,607	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,206	53	785	516,739	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,896	516,780	2,875	4,584,597	192.00
194.00	07950	MEDICAL COLLEGE	35,562	0	538	407,472	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	9,977	373	163,367	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	617,246	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
202.00	TOTAL (sum lines 118 through 201)	782,565	1,557,008	49,652	0	60,043,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
From 07/01/2019
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Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01	
1.02	00102	DEPRECIATION DIRECT BLDG					1.02	
1.03	00103	DEPRECIATION KELLOGG PAV					1.03	
1.04	00104	DEPRECIATION JELKE SOUTH					1.04	
1.05	00105	DEPRECIATION ATRIUM PAV					1.05	
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06	
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07	
1.08	00108	DEPRECIATION WOOD ST					1.08	
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09	
1.10	00110	DEPRECIATION PRO BLDG III					1.10	
1.11	00111	DEPRECIATION JRB					1.11	
1.12	00112	DEPRECIATION TOB					1.12	
1.13	00113	DEPRECIATION EQUIPMENT					1.13	
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14	
1.15	00115	DEPRECIATION KIDSTON					1.15	
1.16	00116	DEPRECIATION COHN					1.16	
1.17	00117	DEPRECIATION TOWER					1.17	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	INTEREST GENERAL					2.01	
2.02	00202	INTEREST DIRECT BLDG					2.02	
2.03	00203	INTEREST ATRUM PAV					2.03	
2.04	00204	INTEREST PRO BLDG SOUTH					2.04	
2.05	00205	INTEREST TOB					2.05	
2.06	00206	INTEREST PRO BLDG III					2.06	
2.07	00207	INTEREST TOWER					2.07	
2.08	00208	INTEREST PRO BLDG NORTH					2.08	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00	
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	5.01	
5.02	00540	PARKING GARAGE	0	0	0	5,206	5.02	
5.03	00591	RESEARCH ADMINISTRATION	0	7	43,190	0	5.03	
5.04	00592	ADMIN & GEN INPT SERVICE	0	2,292	0	0	5.04	
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	34,677	5.05	
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	86,264	0	5.06	
5.07	00595	ADMIN & GEN PT SERVICE	5,318	2,648	0	502,067	5.07	
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	5.08	
5.09	00597	RESEARCH FACULTY	0	0	2,466	0	5.09	
5.10	00598	RESEARCH SPA	0	0	14,922	0	5.10	
5.11	00560	CORPORATE ADMINISTRATION	98,679	4,130	36,855	19,621	5.11	
6.00	00600	MAINTENANCE & REPAIRS	104,622	10,689	526,339	5,596,614	6.00	
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01	
8.00	00800	LAUNDRY & LINEN SERVICE	13,223	0	0	69,024	8.00	
9.00	00900	HOUSEKEEPING	99,714	77	6,153	157,416	9.00	
10.00	01000	DIETARY	0	0	0	0	10.00	
10.01	01001	PATIENT FOOD SERVICE	0	0	0	65,585	10.01	
11.00	01100	CAFETERIA	0	0	313	98,941	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	30,150	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	562,698	14.00	
15.00	01500	PHARMACY	0	0	0	49,364	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	42,773	0	0	0	16.00	
16.01	01601	MEDICAL RECORDS & LIBRARY	0	4,697	0	0	16.01	
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	18.00	
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	18.01	
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	18.02	
18.03	01852	CLINICAL LAB ADMIN SURG	0	17	0	0	18.03	
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	18.04	
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	18.05	
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18.06	
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07	
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	18.08	
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	18.09	
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	18.12	
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	627	0	0	18.14	
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	18.16	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	87,440	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	339	0	0	0	22.00	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	23.00	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	23.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	23.02	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

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Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
		1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	5,894	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	978	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	432	0	2,838,687	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	836,247	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	818,802	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	715,101	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	1,407,804	50.00
51.00	05100	RECOVERY ROOM	0	0	0	440,834	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	414,724	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	116,814	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	896,062	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,608	17,912	55.00
56.00	05600	RADIOISOTOPE	0	0	0	116,794	56.00
60.00	06000	LABORATORY	1,829	630	759	207,343	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	56,590	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	92,569	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	47,363	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,700	67.00
68.00	06800	SPEECH PATHOLOGY	29,124	0	0	855	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	204,603	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	47,693	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	26,848	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	50,807	0	0	1,340	90.00
91.00	09100	EMERGENCY	0	0	0	745,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	193	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	58	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	452,322	27,475	718,869	17,331,604	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	24,827	190.00
190.01	19001	FUND RAISING	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	190.02
191.00	19100	RESEARCH	170	84	503,324	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	161	1,430	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,398	29	116,339	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	76,711	1,744	6,360	4,080	192.00
194.00	07950	MEDICAL COLLEGE	0	627	17,809	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	532,762	31,389	1,362,701	17,360,511	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description		CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
		2.06	2.07	2.08			
GENERAL SERVICE COST CENTERS					2A	4.00	
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	319,252	319,252 4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0 5.01
5.02	00540	PARKING GARAGE	0	0	0	4,278,692	0 5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	1,242,865	1,769 5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	79,897	1,121 5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	144,595	1,237 5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	410,992	664 5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	2,822,146	21,169 5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	168,340	1,896 5.08
5.09	00597	RESEARCH FACULTY	0	0	0	39,961	2,875 5.09
5.10	00598	RESEARCH SPA	0	0	0	318,923	1,766 5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	2,787,667	22,081 5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	47,848,127	2,263 6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0 6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	354,022	280 8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,401,770	6,077 9.00
10.00	01000	DIETARY	0	0	0	73,871	162 10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	771,058	2,221 10.01
11.00	01100	CAFETERIA	0	0	0	846,570	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	654,355	3,875 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,167,555	0 14.00
15.00	01500	PHARMACY	0	0	0	1,128,857	4,565 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	367,283	1,878 16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	486,164	4,618 16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	215 18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	73 18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	1,085,957	668 18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	156,519	689 18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	77,343	83 18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	418,275	23 18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	353 18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0 18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	11,040	651 18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	2,235	134 18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	4,982 18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	2,292,330	3,100 18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	326,340	5,197 18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	1,216 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	603,961	14,900 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,078,629	2,968 22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	97,339	515 23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	5,249	229 23.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
23.02	02302	PARAMED DIETARY	0	0	0	17,305	121	23.02
23.03	02303	PARAMED SPEECH	0	0	0	76,380	545	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	36,716	421	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	16,175	72	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	61,215	231	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	16,170	202	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	3,263	83	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	4,808	220	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	17,713	184	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	13,298	372	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	9,275,755	20,333	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,509,518	5,774	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,539,376	5,956	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	417,540	1,485	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,783,833	3,692	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	727,393	1,159	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	388,522	1,365	41.00
43.00	04300	NURSERY	0	0	0	436,200	444	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	3,406,840	5,186	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,023,426	1,545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	748,622	1,766	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	505,852	385	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,872,737	5,397	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	695,093	1,248	55.00
56.00	05600	RADIOISOTOPE	0	0	0	210,826	204	56.00
60.00	06000	LABORATORY	0	0	0	2,769,872	8,324	60.00
60.01	06002	LABORATORY - HLA	0	0	0	44,739	210	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	162,937	612	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	231,445	2,320	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	612,898	1,521	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	578,852	1,134	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	148,144	714	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	512,123	1,798	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	86,091	435	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	22,735	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	264,388	1,058	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,814,574	10,317	90.00
91.00	09100	EMERGENCY	0	0	0	1,746,342	3,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	34,837	551	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	10,771	288	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	90	21	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	109,713,593	208,124	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	744,367	401	190.00
190.01	19001	FUND RAISING	0	0	0	0	3,121	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	106,138	558	190.02
191.00	19100	RESEARCH	0	0	0	2,630,801	8,327	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	387,670	6,628	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	687,970	2,337	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	9,646,161	78,041	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	665,817	4,883	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	887,108	3,332	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	865,734	385	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	3,093	194.03
194.04	07954	CON - GNE	0	0	0	0	22	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

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To 06/30/2020Worksheet B
Part II
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1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08			
202.00	TOTAL (sum lines 118 through 201)		0	0	0	126,335,359	319,252	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATIO N	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT	0					5.01
5.02	00540	PARKING GARAGE	0	2,633,717				5.02
5.03	00591	RESEARCH ADMINISTRATION	0	19,874	1,264,508			5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	7,907	0	88,925		5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	5,387	0	0	151,219	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	3,454	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	86,606	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	12,804	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	14,952	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	10,389	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	370,856	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	73,650	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,811	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	28,624	0	0	0	9.00
10.00	01000	DIETARY	0	924	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	13,491	0	0	0	10.01
11.00	01100	CAFETERIA	0	1,425	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	22,268	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,434	0	0	0	14.00
15.00	01500	PHARMACY	0	211,122	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,991	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	23,169	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	881	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	224	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	4,149	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	3,734	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	122	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	1,910	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	6,236	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	2,159	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	1,058	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	36,498	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	35,277	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	74,920	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	13,384	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	11,748	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	865	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	508	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	2,308	0	0	0	23.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

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Cost Center Description			TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATIO N	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	1,674	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	17	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	234	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	872	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	382	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	741	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	1,622	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	118,671	0	10,104	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	30,900	0	3,380	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	32,842	0	3,330	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	7,990	0	702	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	19,796	0	2,598	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	7,005	0	440	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,913	0	833	0	41.00
43.00	04300	NURSERY	0	0	0	258	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	134,920	0	9,966	10,007	50.00
51.00	05100	RECOVERY ROOM	0	9,575	0	788	1,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,152	0	928	277	52.00
53.00	05300	ANESTHESIOLOGY	0	11,679	0	3,011	3,766	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,885	0	6,861	15,976	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,522	0	197	6,119	55.00
56.00	05600	RADIOISOTOPE	0	2,998	0	98	1,158	56.00
60.00	06000	LABORATORY	0	78,535	0	9,851	21,284	60.00
60.01	06002	LABORATORY - HLA	0	2,245	0	19	390	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	13,186	0	1,787	975	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,984	222	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,659	0	2,332	75	65.00
66.00	06600	PHYSICAL THERAPY	0	7,569	0	740	680	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,743	0	600	231	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,925	0	277	355	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,192	0	2,032	3,957	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,149	0	768	325	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,426	3,141	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,686	5,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,055	42,946	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	5,949	0	694	31	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	5,182	0	0	61	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	99,033	0	66	21,506	90.00
91.00	09100	EMERGENCY	0	22,735	0	2,421	11,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,329	0	476	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,663	0	190	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	501	0	27	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,881,104	0	88,925	151,219	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	5,554	0	0	0	190.00
190.01	19001	FUND RAISING	0	16,019	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	2,739	0	0	0	190.02
191.00	19100	RESEARCH	0	66,711	597,581	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	44,641	399,861	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	29,816	267,066	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	431,674	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	40,846	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	67,955	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	3,967	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	42,601	0	0	0	194.03
194.04	07954	CON - GNE	0	90	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	1,644,975	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,278,692	1,264,508	88,925	151,219	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
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To 06/30/2020Worksheet B
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Cost Center Description		ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
		5.06	5.07	5.08	5.09	5.10	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	415,110				5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	2,929,921			5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	183,040		5.08
5.09	00597	RESEARCH FACULTY	38,211	0	1,312	97,311	5.09
5.10	00598	RESEARCH SPA	0	0	941	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	10,114	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	2,526	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	380	0	8.00
9.00	00900	HOUSEKEEPING	0	0	8,145	0	9.00
10.00	01000	DIETARY	0	0	153	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,814	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,115	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	2,905	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,523	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	2,992	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	44	0	18.00
18.01	01851	CLINICAL LAB ADMIN PED	0	0	25	0	18.01
18.02	01852	CLINICAL LAB ADMIN OB	0	0	259	0	18.02
18.03	01853	CLINICAL LAB ADMIN SURG	0	0	323	0	18.03
18.04	01854	CLINICAL LAB ADMIN PSYCH	0	0	23	0	18.04
18.05	01855	CLINICAL LAB ADMIN PATH	0	0	15	0	18.05
18.06	01856	CLINICAL LAB ADMIN CARD	0	0	69	0	18.06
18.07	01857	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01858	CLINICAL LAB ADMIN NEUR	0	0	351	0	18.08
18.09	01859	CLINICAL LAB ADMIN OCLS	0	0	119	0	18.09
18.12	01860	DISCRETIONARY OPERATIONS	0	0	3,266	0	18.12
18.14	01861	RUSH UNIVERSITY ADMIN SPLIT	0	0	2,409	0	18.14
18.16	01900	NURSING SCHOOL SPLIT	0	0	2,987	0	18.16
19.00	02000	NONPHYSICIAN ANESTHETISTS	0	0	341	0	19.00
20.00	02100	NURSING SCHOOL	0	0	0	0	20.00
21.00	02200	I&R SERVICES-SALARY & FRINGES APPRV	0	0	13,973	0	21.00
22.00	02300	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,185	0	22.00
23.00	02301	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	442	0	23.00
23.01	02302	PARAMED MEDICAL PERFUSION TECH	0	0	87	0	23.01
23.02	02303	PARAMED DIETARY	0	0	52	0	23.02
23.03	02304	PARAMED SPEECH	0	0	260	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	222	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
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Cost Center Description			ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	53	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	222	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	113	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	43	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	218	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	78	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	177	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	173,425	16,103	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	58,159	4,195	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	57,283	3,994	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	12,080	1,126	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	44,692	2,655	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	7,577	988	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	14,330	1,050	0	0	41.00
43.00	04300	NURSERY	0	4,440	309	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	263,847	3,936	0	0	50.00
51.00	05100	RECOVERY ROOM	0	26,634	1,051	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,531	1,226	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	86,570	394	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	265,525	4,068	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	59,870	765	0	0	55.00
56.00	05600	RADIOISOTOPE	0	12,376	151	0	0	56.00
60.00	06000	LABORATORY	0	365,968	6,708	0	0	60.00
60.01	06002	LABORATORY - HLA	0	3,934	126	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	39,751	503	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	36,189	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	40,821	1,579	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19,001	1,096	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,453	790	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,046	489	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	71,489	1,308	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,205	421	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	87,940	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	179,177	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	573,841	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	12,222	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	568	890	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	199,679	10,227	0	0	90.00
91.00	09100	EMERGENCY	0	145,372	3,015	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	8,195	369	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,275	123	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	456	8	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,211	2,929,921	132,939	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	253	0	0	190.00
190.01	19001	FUND RAISING	0	0	1,491	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	417	0	0	190.02
191.00	19100	RESEARCH	0	0	6,183	0	198,897	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	5,420	0	133,122	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	373,474	0	464	97,311	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	29,227	0	0	192.00
194.00	07950	MEDICAL COLLEGE	3,425	0	2,363	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,291	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	571	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	1,409	0	0	194.03
194.04	07954	CON - GNE	0	0	12	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	415,110	2,929,921	183,040	97,311	332,019	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CORPORATE ADMINISTRATIO N	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	3,190,718					5.11
6.00	00600	MAINTENANCE & REPAIRS	181,915	48,108,481				6.00
6.01	00601	RENTED SPACE COSTS	0	0	0			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	6,880	135,307	0	501,680		8.00
9.00	00900	HOUSEKEEPING	44,587	1,204,325	0	0	2,693,528	9.00
10.00	01000	DIETARY	1,170	108,887	0	0	6,271	10.00
10.01	01001	PATIENT FOOD SERVICE	17,920	587,062	0	0	33,810	10.01
11.00	01100	CAFETERIA	517	874,207	0	0	50,348	11.00
13.00	01300	NURSING ADMINISTRATION	31,145	317,277	0	0	18,273	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,020	793,216	0	0	45,683	14.00
15.00	01500	PHARMACY	49,806	394,856	0	0	22,741	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,681	263,145	0	0	15,155	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	32,922	245,370	0	0	14,131	16.01
18.00	01850	CLINICAL LAB ADMIN MED	877	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	468	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	6,896	175,261	0	0	10,094	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	6,698	124,656	0	0	7,179	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	663	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	1,891	310,591	0	0	17,888	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	11,205	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	4,339	11,550	0	0	665	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,543	1,660	0	0	96	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	27,885	2,671,542	0	0	153,860	18.14
18.16	01861	NURSING SCHOOL SPLIT	33,852	416,873	0	0	24,009	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,309	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	94,491	461,322	0	0	26,569	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	20,636	287,836	0	0	16,577	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	130,812	0	0	7,534	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	6,824	0	0	393	23.01
23.02	02302	PARAMED DIETARY	0	22,501	0	0	1,296	23.02
23.03	02303	PARAMED SPEECH	0	92,172	0	0	5,308	23.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			CORPORATE ADMINISTRATIO N	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	46,570	0	0	2,682	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	498	12,565	0	0	724	23.05
23.06	02306	PARAMED PASTORAL CARE	1,831	60,219	0	0	3,468	23.06
23.07	02307	PARAMED TECHNOLOGY	0	21,026	0	0	1,211	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	4,242	0	0	244	23.08
23.09	02309	PARAMED PHARMACY	1,386	3,735	0	0	215	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	23,032	0	0	1,326	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	17,291	0	0	996	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	170,406	5,915,829	0	96,342	340,707	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	48,129	992,408	0	13,857	57,155	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	49,596	1,051,473	0	22,790	60,557	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,990	298,488	0	0	17,191	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	31,520	897,238	0	6,530	51,674	35.02
40.00	04000	SUBPROVIDER - IPF	9,101	595,592	0	13,811	34,302	40.00
41.00	04100	SUBPROVIDER - IRF	10,614	559,442	0	23,924	32,220	41.00
43.00	04300	NURSERY	4,040	338,833	0	13,829	19,514	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,748	2,440,789	0	55,521	140,571	50.00
51.00	05100	RECOVERY ROOM	14,500	700,006	0	0	40,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,290	492,169	0	0	28,345	52.00
53.00	05300	ANESTHESIOLOGY	17,199	371,940	0	0	21,421	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,726	1,865,070	0	60,085	107,414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,508	528,319	0	0	30,427	55.00
56.00	05600	RADIOISOTOPE	5,181	138,604	0	12,466	7,983	56.00
60.00	06000	LABORATORY	142,181	2,161,897	0	33,423	124,509	60.00
60.01	06002	LABORATORY - HLA	3,571	33,222	0	0	1,913	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	22,647	115,757	0	0	6,667	62.00
64.00	06400	INTRAVENOUS THERAPY	3,409	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,954	157,278	0	0	9,058	65.00
66.00	06600	PHYSICAL THERAPY	12,401	283,387	0	4,293	16,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,156	268,563	0	1,279	15,467	67.00
68.00	06800	SPEECH PATHOLOGY	5,768	173,924	0	0	10,017	68.00
69.00	06900	ELECTROCARDIOLOGY	19,826	346,556	0	0	19,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,532	56,599	0	0	3,260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,837	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	134,835	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	313,230	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	9,892	17,660	0	0	1,017	76.00
76.01	03550	PSYCH DAY HOSPITAL	7,248	154,212	0	0	8,881	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	148,481	2,966,133	0	0	170,827	90.00
91.00	09100	EMERGENCY	43,513	1,168,798	0	131,143	67,314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,703	37,786	0	0	2,176	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	5,285	11,666	0	0	672	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	756	92	0	0	5	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,155,804	34,965,662	0	489,293	1,936,605	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	7,011	740,029	0	12,387	42,620	190.00
190.01	19001	FUND RAISING	23,508	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	4,204	0	0	0	0	190.02
191.00	19100	RESEARCH	108,198	2,857,500	0	0	164,570	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	73,057	315,225	0	0	18,155	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	43,356	754,461	0	0	43,451	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	557,248	6,731,341	0	0	387,670	192.00
194.00	07950	MEDICAL COLLEGE	46,365	593,632	0	0	34,189	194.00
194.01	07951	AFFIL CORP ARC VENTURES	101,228	240,805	0	0	13,869	194.01
194.02	07952	AFFIL CORP ROOM 500	7,817	909,826	0	0	52,399	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	62,789	0	0	0	0	194.03
194.04	07954	CON - GNE	133	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,190,718	48,108,481	0	501,680	2,693,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	191,438					10.00
10.01	01001	PATIENT FOOD SERVICE	111,667	1,540,043				10.01
11.00	01100	CAFETERIA	79,771	0	1,591,623			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	21,564	1,070,872		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,011,908	14.00
15.00	01500	PHARMACY	0	0	29,625	0	3,088	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	15,534	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	30,513	25,949	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	449	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	255	0	4	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	2,642	273	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	3,294	333	504	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	233	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	158	0	43	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	708	0	272	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	3,583	0	94	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	1,209	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	33,303	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	24,568	87	1,814	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	30,459	19,517	102	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	3,479	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	142,488	0	53	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	12,082	0	364	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	4,511	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	885	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	529	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	2,650	0	0	23.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	2,264	0	1	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	544	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	2,266	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	1,153	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	438	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,219	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	799	0	2	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	1,802	0	111	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,052,156	164,209	344,733	165,699	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	155,172	42,781	107,441	55,409	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	174,408	40,728	97,243	52,665	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	34,043	11,478	28,888	13,731	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	27,072	72,014	19,352	35.02
40.00	04000	SUBPROVIDER - IPF	0	42,976	10,079	13,318	557	40.00
41.00	04100	SUBPROVIDER - IRF	0	81,288	10,708	19,150	3,176	41.00
43.00	04300	NURSERY	0	0	3,147	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	40,139	66,482	788,257	50.00
51.00	05100	RECOVERY ROOM	0	0	10,714	28,175	8,847	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12,505	27,375	14,435	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,015	0	53,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	41,479	13,258	84,375	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	7,800	2,866	3,886	55.00
56.00	05600	RADIOISOTOPE	0	0	1,543	0	1,236	56.00
60.00	06000	LABORATORY	0	0	68,409	21,536	80,603	60.00
60.01	06002	LABORATORY - HLA	0	0	1,282	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	5,126	2,266	1,613	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	16,097	0	41,495	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,178	0	1,052	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,057	0	1,956	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,981	0	6,780	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	13,341	15,271	175,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,297	0	2,728	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	12,352	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	9,074	660	8	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	98,440	99,869	48,596	90.00
91.00	09100	EMERGENCY	0	0	30,750	62,882	27,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	3,766	693	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	1,256	593	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	78	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	191,438	1,540,043	1,080,735	1,070,872	1,682,301	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	2,577	0	16	190.00
190.01	19001	FUND RAISING	0	0	15,206	0	15	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	4,256	0	10	190.02
191.00	19100	RESEARCH	0	0	63,050	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	55,267	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	4,733	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	298,034	0	72,931	192.00
194.00	07950	MEDICAL COLLEGE	0	0	24,091	0	25	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	23,364	0	7,020	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	5,819	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	14,372	0	249,590	194.03
194.04	07954	CON - GNE	0	0	119	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	261,215	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	191,438	1,540,043	1,852,838	1,070,872	2,011,908	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
					CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
					15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	1,847,565				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	693,190			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	365,908	1,231,736		16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	2,466	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	154	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	23	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	23.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			OTHER GENERAL SERVICE					
			PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	CLINICAL LAB ADMIN MED		CLINICAL LAB ADMIN PED
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	377	0	138,977	0	427	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1	0	46,865	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1	0	46,160	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	9,734	0	531	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	36,013	0	1	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	6,106	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	11,547	0	0	41.00
43.00	04300	NURSERY	0	0	3,578	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1	0	138,170	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	10,927	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12,869	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,159	0	41,741	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128	0	95,115	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,728	0	0	55.00
56.00	05600	RADIOISOTOPE	8	0	1,358	0	0	56.00
60.00	06000	LABORATORY	42	0	136,569	326	90	60.00
60.01	06002	LABORATORY - HLA	0	0	266	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	354	0	24,780	165	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	27,509	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9	0	32,335	591	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	10,255	226	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	0	8,320	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,843	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	28,169	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10,644	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	47,497	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	106,552	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,442,019	0	139,402	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	9,618	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	285,818	0	918	22	0	90.00
91.00	09100	EMERGENCY	1	327,282	33,560	1,136	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	6,603	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,639	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	368	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,730,096	693,190	1,231,736	2,466	1,049	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	14	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	90,822	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	26,633	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
				CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
	15.00	16.00	16.01	18.00	18.01	
202.00 TOTAL (sum lines 118 through 201)	1,847,565	693,190	1,231,736	2,466	1,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,286,199					18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	303,929				18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	78,467			18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	750,794		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18,843	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
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To 06/30/2020Worksheet B
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Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	289,016	12,281	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	663,271	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	101,549	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	27,106	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	306,752	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,959	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92,780	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,100	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	3,904	0	0	0	56.00
60.00	06000	LABORATORY	27,160	2,971	0	750,794	5,376	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,969	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,375	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	13,467	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	70,498	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	9,529	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,178	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	197	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,286,199	303,929	78,467	750,794	18,843	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,286,199	303,929	78,467	750,794	18,843	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE					17/12/2021 3:07 PM
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	34,432				18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	8,054			18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	78,049		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	1,324	5,179,073	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	1,641	2,013,826	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	187	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	7,677	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	651	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	243	120,909	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	48	190,624	23.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	28	84,396	23.02
23.03	02303	PARAMED SPEECH	0	0	0	143	323,579	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	122	284,957	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	29	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	122	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	62	202,519	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	24	59,626	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	120	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	43	77,770	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	97	288,496	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,848	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	2,305	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	2,194	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	618	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,459	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	543	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	577	0	41.00
43.00	04300	NURSERY	0	0	0	170	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,146	0	2,163	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	577	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	674	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	216	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,235	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	420	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	83	0	56.00
60.00	06000	LABORATORY	0	0	6,958	3,686	0	60.00
60.01	06002	LABORATORY - HLA	0	0	248	69	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	848	276	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	867	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	602	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	434	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	268	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	719	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,893	0	232	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	489	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	25,393	0	5,304	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,657	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	203	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	68	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	34,432	8,054	50,521	3,646,702	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	139	231,881	190.00
190.01	19001	FUND RAISING	0	0	0	819	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	229	0	190.02
191.00	19100	RESEARCH	0	0	0	3,397	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	2,978	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	255	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	16,060	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	1,298	1,300,490	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	1,259	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	314	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	774	0	194.03
194.04	07954	CON - GNE	0	0	0	6	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

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Cost Center Description			OTHER GENERAL SERVICE					12/12/2021 0:00 pm
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
202.00		TOTAL (sum lines 118 through 201)	0	34,432	8,054	78,049	5,179,073	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
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Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
		NURSING SCHOOL SPLIT			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		18.16	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY					16.01
18.00	01850	CLINICAL LAB ADMIN MED					18.00
18.01	01080	CLINICAL LAB ADMIN PED					18.01
18.02	01851	CLINICAL LAB ADMIN OB					18.02
18.03	01852	CLINICAL LAB ADMIN SURG					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH					18.04
18.05	01854	CLINICAL LAB ADMIN PATH					18.05
18.06	01855	CLINICAL LAB ADMIN CARD					18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS					18.09
18.12	01859	DISCRETIONARY OPERATIONS					18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT					18.14
18.16	01861	NURSING SCHOOL SPLIT	2,910,103				18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	6,532			19.00
20.00	02000	NURSING SCHOOL	2,576,896		633,561		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			1,440,354	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0				23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0			1,434,312	23.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			NURSING SCHOOL SPLIT			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			18.16	19.00	20.00	21.00	22.00	
23.02	02302	PARAMED DIETARY	0					23.02
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0					35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0					35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
60.00	06000	LABORATORY	0					60.00
60.01	06002	LABORATORY - HLA	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03020	RENAL DIALYSIS ADULT	0					76.00
76.01	03550	PSYCH DAY HOSPITAL	0					76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.00	04040	BEHAVIORAL HEALTH	0					93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0					112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,576,896	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	333,207					190.00
190.01	19001	FUND RAISING	0					190.01
190.02	19002	RUSH DAY SCHOOL	0					190.02
191.00	19100	RESEARCH	0					191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0					191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0					191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0					192.00
194.00	07950	MEDICAL COLLEGE	0					194.00
194.01	07951	AFFIL CORP ARC VENTURES	0					194.01
194.02	07952	AFFIL CORP ROOM 500	0					194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0					194.03
194.04	07954	CON - GNE	0					194.04
200.00		Cross Foot Adjustments		6,532	633,561	1,440,354	1,434,312	200.00
201.00		Negative Cost Centers	0	0	1,943,335	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	NURSING SCHOOL SPLIT			SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
	18.16			21.00	22.00	
202.00 TOTAL (sum lines 118 through 201)	2,910,103	6,532	2,576,896	1,440,354	1,434,312	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

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Cost Center Description		PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY					16.01
18.00	01850	CLINICAL LAB ADMIN MED					18.00
18.01	01800	CLINICAL LAB ADMIN PED					18.01
18.02	01851	CLINICAL LAB ADMIN OB					18.02
18.03	01852	CLINICAL LAB ADMIN SURG					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH					18.04
18.05	01854	CLINICAL LAB ADMIN PATH					18.05
18.06	01855	CLINICAL LAB ADMIN CARD					18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS					18.09
18.12	01859	DISCRETIONARY OPERATIONS					18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT					18.14
18.16	01861	NURSING SCHOOL SPLIT					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	83,812				23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		115,495			23.01
23.02	02302	PARAMED DIETARY			126,736		23.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

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Cost Center Description			PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.03	02303	PARAMED SPEECH				503,345		23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY					375,629	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS ADULT						76.00
76.01	03550	PSYCH DAY HOSPITAL						76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
194.04	07954	CON - GNE						194.04
200.00		Cross Foot Adjustments	83,812	115,495	0	0	0	200.00
201.00		Negative Cost Centers	290,241	89,709	126,736	503,345	375,629	201.00
202.00		TOTAL (sum lines 118 through 201)	374,053	205,204	126,736	503,345	375,629	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	30,677					23.05
23.06	02306	PARAMED PASTORAL CARE		129,808				23.06
23.07	02307	PARAMED TECHNOLOGY			19,501			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				30,424		23.08
23.09	02309	PARAMED PHARMACY					12,921	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS ADULT						76.00
76.01	03550	PSYCH DAY HOSPITAL						76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
194.04	07954	CON - GNE						194.04
200.00		Cross Foot Adjustments	30,677	129,808	19,501	30,424	12,921	200.00
201.00		Negative Cost Centers	0	0	223,827	37,921	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,677	129,808	243,328	68,345	12,921	202.00

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Cost Center Description		PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.10	23.11	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY					16.01
18.00	01850	CLINICAL LAB ADMIN MED					18.00
18.01	01800	CLINICAL LAB ADMIN PED					18.01
18.02	01851	CLINICAL LAB ADMIN OB					18.02
18.03	01852	CLINICAL LAB ADMIN SURG					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH					18.04
18.05	01854	CLINICAL LAB ADMIN PATH					18.05
18.06	01855	CLINICAL LAB ADMIN CARD					18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS					18.09
18.12	01859	DISCRETIONARY OPERATIONS					18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT					18.14
18.16	01861	NURSING SCHOOL SPLIT					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH					23.01

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Cost Center Description			PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	90,149					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		87,692				23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			18,314,398	0	18,314,398	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			3,133,449	0	3,133,449	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			3,240,596	0	3,240,596	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			867,615	0	867,615	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT			3,663,410	0	3,663,410	35.02
40.00	04000	SUBPROVIDER - IPF			1,470,947	0	1,470,947	40.00
41.00	04100	SUBPROVIDER - IRF			1,166,659	0	1,166,659	41.00
43.00	04300	NURSERY			824,762	0	824,762	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			7,699,238	0	7,699,238	50.00
51.00	05100	RECOVERY ROOM			1,905,602	0	1,905,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,691,916	0	1,691,916	52.00
53.00	05300	ANESTHESIOLOGY			1,141,866	0	1,141,866	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			5,642,114	0	5,642,114	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,397,868	0	1,397,868	55.00
56.00	05600	RADIOISOTOPE			400,177	0	400,177	56.00
60.00	06000	LABORATORY			6,827,072	0	6,827,072	60.00
60.01	06002	LABORATORY - HLA			92,234	0	92,234	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			400,250	0	400,250	62.00
64.00	06400	INTRAVENOUS THERAPY			69,313	0	69,313	64.00
65.00	06500	RESPIRATORY THERAPY			575,915	0	575,915	65.00
66.00	06600	PHYSICAL THERAPY			983,220	0	983,220	66.00
67.00	06700	OCCUPATIONAL THERAPY			921,005	0	921,005	67.00
68.00	06800	SPEECH PATHOLOGY			377,906	0	377,906	68.00
69.00	06900	ELECTROCARDIOLOGY			1,257,034	0	1,257,034	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			194,579	0	194,579	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			218,234	0	218,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			433,335	0	433,335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,521,493	0	2,521,493	73.00
74.00	07400	RENAL DIALYSIS			0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT			92,170	0	92,170	76.00
76.01	03550	PSYCH DAY HOSPITAL			452,720	0	452,720	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			7,075,701	0	7,075,701	90.00
91.00	09100	EMERGENCY			3,830,337	0	3,830,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.00	04040	BEHAVIORAL HEALTH			0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			121,216	0	121,216	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			43,667	0	43,667	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			2,603	0	2,603	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	79,050,621	0	79,050,621	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			2,120,442	0	2,120,442	190.00
190.01	19001	FUND RAISING			60,179	0	60,179	190.01
190.02	19002	RUSH DAY SCHOOL			118,565	0	118,565	190.02
191.00	19100	RESEARCH			6,705,215	0	6,705,215	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY			1,442,024	0	1,442,024	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH			2,304,694	0	2,304,694	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES			18,339,209	0	18,339,209	192.00
194.00	07950	MEDICAL COLLEGE			2,717,424	0	2,717,424	194.00
194.01	07951	AFFIL CORP ARC VENTURES			1,374,864	0	1,374,864	194.01
194.02	07952	AFFIL CORP ROOM 500			1,846,832	0	1,846,832	194.02
194.03	07953	AFFIL CORP JOINT VENTURES			374,628	0	374,628	194.03
194.04	07954	CON - GNE			382	0	382	194.04
200.00		Cross Foot Adjustments	90,149	87,692	4,115,238	0	4,115,238	200.00
201.00		Negative Cost Centers	31,539	236,570	5,765,042	0	5,765,042	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.10	23.11	24.00	25.00	26.00	
202.00	TOTAL (sum lines 118 through 201)	121,688	324,262	126,335,359	0	126,335,359	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEE T OLD HOS)	DEPRECIATION DIRECT BLDG (PERCENT DE PR DIRECT)	DEPRECIATION KELLOGG PAV (SQUARE FEE T KELLOGG)	DEPRECIATION JELKE SOUTH (SQUARE FEE T JELKE S)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	0	93,086				1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	0	4,703,801			1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	0	0	269,809		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	0	0	0	345,749	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00500	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	4,257,646	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	175	58,811	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	4,451	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	924	0	6,326	6,955	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	3,550	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	62	1,278	5.09
5.10	00598	RESEARCH SPA	0	145	0	0	7,475	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	245	371,741	849	3,089	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	46,056	0	101,532	163,940	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	739	0	253	180	8.00
9.00	00900	HOUSEKEEPING	0	364	0	9,537	372	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	243	0	10.01
11.00	01100	CAFETERIA	0	0	0	239	1,753	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,272	0	6,087	1,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	2,967	0	514	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	665	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	1,317	0	380	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	4,217	0	2,418	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	2,367	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	13,472	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	72	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	16,709	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	10,643	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,134	0	4,814	2,605	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEE T OLD HOS)	DEPRECIATION DIRECT BLDG (PERCENT DE PR DIRECT)	DEPRECIATION KELLOGG PAV (SQUARE FEE T KELLOGG)	DEPRECIATION JELKE SOUTH (SQUARE FEE T JELKE S)	
			1.00	1.01	1.02	1.03	1.04	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	973	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,965	0	25,179	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	11,728	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	2,108	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	19,009	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	3,825	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,822	0	3,153	7,563	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,740	359	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	243	0	1,717	31,196	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,441	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,573	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,162	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,595	0	246	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,592	0	1,446	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,254	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,182	531	90.00
91.00	09100	EMERGENCY	0	0	0	12,342	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	73,370	4,629,387	246,912	325,353	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	74,414	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	342	10,512	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	7,822	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	546	2,062	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	15,736	0	20,885	0	192.00
194.00	07950	MEDICAL COLLEGE	0	847	0	1,124	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,133	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEE T OLD HOS)	DEPRECIATION DIRECT BLDG (PERCENT DE PR DIRECT)	DEPRECIATION KELLOGG PAV (SQUARE FEE T KELLOGG)	DEPRECIATION JELKE SOUTH (SQUARE FEE T JELKE S)	
			1.00	1.01	1.02	1.03	1.04	
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0		20,314,036	4,706,984	4,553,393	5,326,947	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000		218.228692	1.000677	16.876357	15.406977	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)							204.00
205.00	Unit cost multiplier (Wkst. B, Part II)							205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet B-1
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEE T ATRIUM)	DEPRECIATION PRO BLDG NORTH (SQUARE FEE T PRO BLD)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEE T PRO BLD)	DEPRECIATION WOOD ST (SQUARE FEE T WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEE T ACADEMI)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV	515,454					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	210,510				1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	126,376			1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	34,197		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	374,467	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,592	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	401	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	24	371	0	1,412	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	852	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	2,754	12	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	578	5.06
5.07	00595	ADMIN & GEN PT SERVICE	6,084	473	964	0	400	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	3,278	5.08
5.09	00597	RESEARCH FACULTY	0	37	217	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	540	5.10
5.11	00560	CORPORATE ADMINISTRATION	3,221	5	0	7,720	22,813	5.11
6.00	00600	MAINTENANCE & REPAIRS	265,998	45,932	51,616	13,330	151,458	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	831	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,131	205	281	108	607	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	21,583	0	0	0	0	10.01
11.00	01100	CAFETERIA	5,113	338	0	0	23,602	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,734	0	0	0	0	14.00
15.00	01500	PHARMACY	11,049	55	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	414	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,476	55	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01800	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	967	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	2,116	455	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	293	208	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	1,026	78	0	91,117	18.14
18.16	01861	NURSING SCHOOL SPLIT	480	0	0	0	17,602	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,497	0	0	0	1,397	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	342	1,081	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEE T ATRIUM)	DEPRECIATION PRO BLDG NORTH (SQUARE FEE T PRO BLD)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEE T PRO BLD)	DEPRECIATION WOOD ST (SQUARE FEE T WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEE T ACADEMI)	
			1.05	1.06	1.07	1.08	1.09	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	224	0	0	3,449	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	296	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	976	23.02
23.03	02303	PARAMED SPEECH	0	629	0	0	1,945	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	220	0	0	1,800	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	211	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	912	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	184	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	999	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	750	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,705	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	3,460	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,219	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	14,697	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,613	0	0	0	10,965	50.00
51.00	05100	RECOVERY ROOM	7,671	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,451	0	0	0	629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,068	2,575	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,701	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	30,643	8,441	5,130	0	2,139	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	535	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	895	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	759	0	1,220	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,005	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,246	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	766	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,031	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	36,441	19,277	0	1,932	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	510,795	104,643	87,589	21,158	348,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,983	1,405	13,964	0	1,077	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	55	865	0	4,051	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	248	2,965	0	928	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	35	930	0	1,534	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,676	68,645	11,277	13,039	1,386	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	17,017	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	4,800	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	30,679	8,786	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEE T ATRIUM)	DEPRECIATION PRO BLDG NORTH (SQUARE FEE T PRO BLD)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEE T PRO BLD)	DEPRECIATION WOOD ST (SQUARE FEE T WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEE T ACADEMI)	
			1.05	1.06	1.07	1.08	1.09	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,236,352	1,301,693	845,542	330,775	782,565	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.038793	6.183521	6.690685	9.672632	2.089810	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
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To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEE T PRO BLD)	DEPRECIATION JRB (SQUARE FEE T JRB)	DEPRECIATION TOB (SQUARE FEE T TOB)	DEPRECIATION EQUIPMENT (SQUARE FEE T TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEE T ORTHOPE)	
			1.10	1.11	1.12	1.13	1.14	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III	234,708					1.10
1.11	00111	DEPRECIATION JRB	0	134,107				1.11
1.12	00112	DEPRECIATION TOB	0	0	213,445			1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	3,838,889		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	128,727	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,149	18,085	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	670	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	2	0	2,400	18,223	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	4,197	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	4,551	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	812	16,300	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	1,642	600	59,071	114,433	1,285	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	6,828	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	964	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	9,978	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	6,941	4,055	38,772	123,131	23,843	5.11
6.00	00600	MAINTENANCE & REPAIRS	73,984	32,480	53,827	1,407,087	25,279	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,869	3,195	8.00
9.00	00900	HOUSEKEEPING	2,333	1,705	540	52,860	24,093	9.00
10.00	01000	DIETARY	0	0	4,723	4,723	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	262	0	25,464	0	10.01
11.00	01100	CAFETERIA	0	0	1,743	37,919	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	569	0	13,762	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	708	0	34,406	0	14.00
15.00	01500	PHARMACY	0	0	0	17,127	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	11,414	10,335	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	330	228	10,643	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	7,602	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	444	0	0	5,407	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	4,945	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	13,472	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	501	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	72	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	6,033	115,879	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	18,082	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,972	20,010	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	426	0	0	16,675	82	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,001	5,674	0	23.00

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEE T PRO BLD)	DEPRECIATION JRB (SQUARE FEE T JRB)	DEPRECIATION TOB (SQUARE FEE T TOB)	DEPRECIATION EQUIPMENT (SQUARE FEE T TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEE T ORTHOPE)	
			1.10	1.11	1.12	1.13	1.14	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	296	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	976	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	3,998	1,424	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	2,020	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	2,612	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	912	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	184	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	999	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	750	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	256,601	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	43,046	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	45,608	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	12,947	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	38,918	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	6,825	0	25,834	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	24,266	0	24,266	0	41.00
43.00	04300	NURSERY	0	0	0	14,697	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	105,870	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	30,363	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,348	0	52.00
53.00	05300	ANESTHESIOLOGY	1,007	0	0	16,133	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,593	0	0	80,898	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,916	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,012	0	56.00
60.00	06000	LABORATORY	1,328	0	812	93,773	442	60.00
60.01	06002	LABORATORY - HLA	0	0	0	1,441	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	5,021	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,822	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,034	0	12,292	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,467	0	11,649	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	463	0	7,544	7,037	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,032	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,455	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	766	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	4,149	127	14,648	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	52,058	3,891	0	128,657	12,276	90.00
91.00	09100	EMERGENCY	0	0	0	50,697	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,358	0	0	1,639	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	422	0	0	506	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	153,542	91,804	175,210	3,258,810	109,291	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	29,215	0	32,099	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	6,786	0	190.02
191.00	19100	RESEARCH	24	263	8,557	124,332	41	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,729	480	2,653	14,744	39	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	8	2,120	2,074	33,038	821	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	77,901	7,765	24,777	293,119	18,535	192.00
194.00	07950	MEDICAL COLLEGE	0	1,452	174	26,052	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,504	1,008	0	10,445	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	39,464	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEE T PRO BLD)	DEPRECIATION JRB (SQUARE FEE T JRB)	DEPRECIATION TOB (SQUARE FEE T TOB)	DEPRECIATION EQUIPMENT (SQUARE FEE T TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEE T ORTHOPE)	
			1.10	1.11	1.12	1.13	1.14	
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)	1,557,008	49,652	0	60,043,049	532,762	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.633809	0.370242	0.000000	15.640736	4.138697	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		DEPRECIATION KIDSTON (SQUARE FEE T KIDSTON)	DEPRECIATION COHN (SQUARE FEE T COHN)	DEPRECIATION TOWER (SQUARE FEE T TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEE T INTERES)	
		1.15	1.16	1.17	2.00	2.01	
	GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON	45,820				1.15
1.16	00116	DEPRECIATION COHN	0	165,203			1.16
1.17	00117	DEPRECIATION TOWER	0	0	893,636		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP				0	2.00
2.01	00201	INTEREST GENERAL				0	2.01
2.02	00202	INTEREST DIRECT BLDG				0	2.02
2.03	00203	INTEREST ATRUM PAV				0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH				0	2.04
2.05	00205	INTEREST TOB				0	2.05
2.06	00206	INTEREST PRO BLDG III				0	2.06
2.07	00207	INTEREST TOWER				0	2.07
2.08	00208	INTEREST PRO BLDG NORTH				0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	268	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	10	5,236	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	3,346	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	1,785	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	10,458	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	3,865	0	25,844	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	299	0	0	5.09
5.10	00598	RESEARCH SPA	0	1,809	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	6,029	4,468	1,010	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	15,603	63,809	288,087	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	3,553	0	8.00
9.00	00900	HOUSEKEEPING	113	746	8,103	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	3,376	0	10.01
11.00	01100	CAFETERIA	0	38	5,093	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,552	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	28,965	0	14.00
15.00	01500	PHARMACY	0	0	2,541	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,857	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	25	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	915	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,501	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEE T KIDSTON)	DEPRECIATION COHN (SQUARE FEE T COHN)	DEPRECIATION TOWER (SQUARE FEE T TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEE T INTERES)	
			1.15	1.16	1.17	2.00	2.01	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	296	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	976	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	3,370	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,800	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,428	0	0	0	2,401	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	912	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	184	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	999	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	750	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	631	0	146,122	0	29,774	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	43,046	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	42,148	0	3,460	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	11,728	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	36,810	0	2,108	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	19,009	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	72,467	0	14,790	50.00
51.00	05100	RECOVERY ROOM	0	0	22,692	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	21,348	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,013	0	7,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	46,125	0	12,538	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	195	922	0	4,294	55.00
56.00	05600	RADIOISOTOPE	0	0	6,012	0	0	56.00
60.00	06000	LABORATORY	919	92	10,673	0	36,747	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,441	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	2,913	0	1,573	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,765	0	1,162	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,438	0	1,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	139	0	3,038	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	44	0	7,037	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,532	0	3,254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,455	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,382	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	69	0	16,920	90.00
91.00	09100	EMERGENCY	0	0	38,355	0	12,342	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	282	0	0	0	282	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	84	0	0	0	84	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,107	87,150	892,148	0	1,346,824	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	0	1,278	0	1,077	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	123	61,019	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,087	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	42	14,104	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,546	771	210	0	81,900	192.00
194.00	07950	MEDICAL COLLEGE	915	2,159	0	0	24,123	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	3,133	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEE T KIDSTON)	DEPRECIATION COHN (SQUARE FEE T COHN)	DEPRECIATION TOWER (SQUARE FEE T TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEE T INTERES)	
			1.15	1.16	1.17	2.00	2.01	
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)	31,389	1,362,701	17,360,511	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.685050	8.248646	19.426826	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT IN T DIRECT)	INTEREST ATRUM PAV (SQUARE FEE T ATRIUM)	INTEREST PRO BLDG SOUTH (SQUARE FEE T PRO BLD)	INTEREST TOB (SQUARE FEE T TOB)	INTEREST PRO BLDG III (SQUARE FEE T PRO BLD)	
			2.02	2.03	2.04	2.05	2.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG	30,000					2.02
2.03	00203	INTEREST ATRUM PAV	0	515,454				2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	126,376			2.04
2.05	00205	INTEREST TOB	0	0	0	213,445		2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	234,708	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,592	0	2,149	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	10,000	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	371	2,400	2	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	852	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	2,754	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	812	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	6,084	964	59,071	1,642	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	217	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	10,000	3,221	0	38,772	6,941	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	265,998	51,616	53,827	73,984	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	831	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,131	281	540	2,333	9.00
10.00	01000	DIETARY	0	0	0	4,723	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	21,583	0	0	0	10.01
11.00	01100	CAFETERIA	10,000	5,113	0	1,743	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,734	0	0	0	14.00
15.00	01500	PHARMACY	0	11,049	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	1,476	0	228	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	2,116	0	0	444	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	208	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	78	6,033	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	480	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,497	0	1,972	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,081	0	426	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	2,001	0	23.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT IN T DIRECT)	INTEREST ATRUM PAV (SQUARE FEE T ATRIUM)	INTEREST PRO BLDG SOUTH (SQUARE FEE T PRO BLD)	INTEREST TOB (SQUARE FEE T TOB)	INTEREST PRO BLDG III (SQUARE FEE T PRO BLD)	
			2.02	2.03	2.04	2.05	2.06	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	545	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	211	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	162	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	80,705	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,219	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	14,697	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,613	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	7,671	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,451	0	0	1,007	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,575	0	11,593	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,701	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	30,643	5,130	812	1,328	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	535	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	895	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	759	1,220	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,005	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,246	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	766	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,031	127	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	19,277	0	52,058	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,358	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	422	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,000	510,795	87,589	175,210	153,542	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	1,983	13,964	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	865	8,557	24	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	2,965	2,653	1,729	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	930	2,074	8	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	2,676	11,277	24,777	77,901	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	174	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	1,504	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	8,786	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT IN T DIRECT)	INTEREST ATRUM PAV (SQUARE FEE T ATRIUM)	INTEREST PRO BLDG SOUTH (SQUARE FEE T PRO BLD)	INTEREST TOB (SQUARE FEE T TOB)	INTEREST PRO BLDG III (SQUARE FEE T PRO BLD)	
			2.02	2.03	2.04	2.05	2.06	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COS T RPSL/JR)	
			INTEREST TOWER (SQUARE FEE T TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEE T PRO BLD)				
			2.07	2.08	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER	893,636					2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	210,510				2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	904,193,454			4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	10,000		5.01
5.02	00540	PARKING GARAGE	268	401	0	0	2,255,315,713	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	24	5,011,570	0	17,015,735	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	3,174,575	0	6,769,976	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	1,785	12	3,505,089	0	4,611,972	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	1,879,788	0	2,957,305	5.06
5.07	00595	ADMIN & GEN PT SERVICE	25,844	473	59,968,952	0	74,148,753	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	5,371,433	0	10,962,025	5.08
5.09	00597	RESEARCH FACULTY	0	37	8,144,857	0	12,801,689	5.09
5.10	00598	RESEARCH SPA	0	0	5,002,977	0	8,894,546	5.10
5.11	00560	CORPORATE ADMINISTRATION	1,010	5	62,552,527	0	317,513,770	5.11
6.00	00600	MAINTENANCE & REPAIRS	288,087	45,932	6,410,009	0	63,056,335	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,553	0	794,132	0	4,119,086	8.00
9.00	00900	HOUSEKEEPING	8,103	205	17,215,512	0	24,507,221	9.00
10.00	01000	DIETARY	0	0	460,209	0	791,186	10.00
10.01	01001	PATIENT FOOD SERVICE	3,376	0	6,292,123	0	11,550,096	10.01
11.00	01100	CAFETERIA	5,093	338	0	0	1,220,042	11.00
13.00	01300	NURSING ADMINISTRATION	1,552	0	10,977,251	0	19,065,341	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,965	0	0	0	2,939,754	14.00
15.00	01500	PHARMACY	2,541	55	12,932,845	0	180,755,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,319,597	0	10,266,078	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	55	13,082,297	0	19,836,227	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	608,197	0	754,164	18.00
18.01	01800	CLINICAL LAB ADMIN PED	0	0	207,180	0	191,548	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	967	1,892,775	0	3,552,388	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	455	1,952,605	0	3,197,029	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	234,912	0	104,511	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	66,442	0	1,634,988	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	999,708	0	5,339,218	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	293	1,843,758	0	1,848,138	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	380,397	0	906,005	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	14,112,248	0	31,248,399	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	1,026	8,781,278	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	14,722,291	0	30,203,156	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	3,445,654	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,501	0	42,209,258	0	64,144,095	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	342	8,407,483	0	11,458,843	22.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COS T RPSL/JR)	
			INTEREST TOWER (SQUARE FEE T TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEE T PRO BLD)				
			2.07	2.08	4.00	5.01	5.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	224	1,459,399	0	10,058,467	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	647,736	0	740,263	23.01
23.02	02302	PARAMED DIETARY	0	0	342,634	0	434,658	23.02
23.03	02303	PARAMED SPEECH	0	629	1,545,263	0	1,975,723	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	220	1,191,716	0	1,433,520	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	203,936	0	14,385	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	654,275	0	200,704	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	573,467	0	746,506	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	234,404	0	327,110	23.08
23.09	02309	PARAMED PHARMACY	0	0	622,966	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	520,743	0	634,820	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	1,052,431	0	1,388,731	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	146,122	0	57,601,335	0	101,601,848	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	43,046	0	16,357,462	0	26,455,466	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	42,148	0	16,872,087	0	28,117,932	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,207,245	0	6,840,583	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	36,810	0	10,459,843	0	16,948,427	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	3,282,612	0	5,997,400	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,867,287	0	6,775,244	41.00
43.00	04300	NURSERY	0	0	1,257,021	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,467	0	14,690,420	0	115,513,901	50.00
51.00	05100	RECOVERY ROOM	22,692	0	4,377,271	0	8,197,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,348	0	5,002,972	0	8,692,151	52.00
53.00	05300	ANESTHESIOLOGY	6,013	0	1,089,260	0	9,999,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,125	8,068	15,289,022	0	35,860,342	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	922	0	3,536,596	0	11,576,942	55.00
56.00	05600	RADIOISOTOPE	6,012	0	578,161	0	2,566,764	56.00
60.00	06000	LABORATORY	10,673	8,441	23,581,473	0	67,238,899	60.00
60.01	06002	LABORATORY - HLA	0	0	594,554	0	1,922,293	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,913	0	1,733,164	0	11,289,249	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,765	0	6,572,734	0	12,550,805	65.00
66.00	06600	PHYSICAL THERAPY	2,438	0	4,308,873	0	6,480,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	139	0	3,213,363	0	4,916,647	67.00
68.00	06800	SPEECH PATHOLOGY	44	0	2,022,086	0	3,360,598	68.00
69.00	06900	ELECTROCARDIOLOGY	10,532	0	5,094,409	0	26,705,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,455	0	1,231,748	0	1,840,054	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	5,093,743	76.00
76.01	03550	PSYCH DAY HOSPITAL	1,382	0	2,996,449	0	4,436,230	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	69	36,441	29,225,892	0	84,788,692	90.00
91.00	09100	EMERGENCY	38,355	0	11,099,084	0	19,464,530	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,561,609	0	5,418,368	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	99	106.00
107.00	10700	LIVER ACQUISITION	0	0	816,150	0	3,135,729	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	58,786	0	428,738	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	892,148	104,643	589,587,867	0	1,610,533,801	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,278	1,405	1,136,392	0	4,755,474	190.00
190.01	19001	FUND RAISING	0	0	8,841,366	0	13,715,306	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	1,580,739	0	2,345,361	190.02
191.00	19100	RESEARCH	0	55	23,588,766	0	57,115,907	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	248	18,775,331	0	38,220,357	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	35	6,621,219	0	25,527,207	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	210	68,645	220,873,438	10,000	370,003,676	192.00
194.00	07950	MEDICAL COLLEGE	0	0	13,833,414	0	34,971,132	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	4,800	9,439,812	0	58,180,410	194.01
194.02	07952	AFFIL CORP ROOM 500	0	30,679	1,089,463	0	3,396,546	194.02

COST ALLOCATION - STATISTICAL BASIS

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Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COS T RPSL/JR)	
			INTEREST TOWER (SQUARE FEE T TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEE T PRO BLD)				
			2.07	2.08				
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	8,762,717	0	36,473,761	194.03
194.04	07954	CON - GNE	0	0	62,930	0	76,775	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	194,216,823	16,193	2,633,717	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.214796	1.619300	0.001168	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			319,252	0	4,278,692	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000353	0.000000	0.001168	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		RESEARCH ADMINISTRATIO N (PERCENT RE SEARCH FU)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE A NIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVE NUE)	
		5.03	5.04	5.05	5.06	5.07	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION	120,863,471				5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	2,020,503,147			5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	1,850,824,809		5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	1,473,597	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	3,871,327,956	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	135,644	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	18.00
18.01	01800	CLINICAL LAB ADMIN PED	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	23.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			RESEARCH ADMINISTRATIO N (PERCENT RE SEARCH FU)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE A NIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVE NUE)	
			5.03	5.04	5.05	5.06	5.07	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	229,095,002	0	0	229,095,002	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	76,828,406	0	0	76,828,406	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	75,671,432	0	0	75,671,432	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	15,957,081	0	0	15,957,081	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	59,037,997	0	0	59,037,997	35.02
40.00	04000	SUBPROVIDER - IPF	0	10,009,040	0	0	10,009,040	40.00
41.00	04100	SUBPROVIDER - IRF	0	18,930,003	0	0	18,930,003	41.00
43.00	04300	NURSERY	0	5,865,756	0	0	5,865,756	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	226,508,005	122,034,864	0	348,542,869	50.00
51.00	05100	RECOVERY ROOM	0	17,913,142	17,270,971	0	35,184,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,096,050	3,383,221	0	24,479,271	52.00
53.00	05300	ANESTHESIOLOGY	0	68,427,715	45,931,716	0	114,359,431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	155,926,977	194,833,106	0	350,760,083	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,471,629	74,616,837	0	79,088,466	55.00
56.00	05600	RADIOISOTOPE	0	2,226,581	14,121,812	0	16,348,393	56.00
60.00	06000	LABORATORY	0	223,884,308	259,561,097	0	483,445,405	60.00
60.01	06002	LABORATORY - HLA	0	436,757	4,759,907	0	5,196,664	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	40,622,274	11,888,440	0	52,510,714	62.00
64.00	06400	INTRAVENOUS THERAPY	0	45,096,404	2,709,622	0	47,806,026	64.00
65.00	06500	RESPIRATORY THERAPY	0	53,008,570	916,087	0	53,924,657	65.00
66.00	06600	PHYSICAL THERAPY	0	16,812,087	8,288,965	0	25,101,052	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,638,667	2,811,483	0	16,450,150	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,299,519	4,329,141	0	10,628,660	68.00
69.00	06900	ELECTROCARDIOLOGY	0	46,178,533	48,258,343	0	94,436,876	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,449,057	3,958,202	0	21,407,259	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	77,864,102	38,304,545	0	116,168,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	174,675,944	62,018,243	0	236,694,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	228,528,043	530,409,051	0	758,937,094	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	15,766,938	378,472	0	16,145,410	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	844	748,959	0	749,803	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,505,497	262,271,289	0	263,776,786	90.00
91.00	09100	EMERGENCY	0	55,016,787	137,020,436	0	192,037,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	10,825,000	0	0	10,825,000	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	4,326,000	0	0	4,326,000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	603,000	0	0	603,000	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,020,503,147	1,850,824,809	135,644	3,871,327,956	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	57,115,907	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	38,220,357	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	25,527,207	0	0	1,325,793	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	12,160	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

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To 06/30/2020

Worksheet B-1

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Cost Center Description		RESEARCH ADMINISTRATIO N (PERCENT RE SEARCH FU)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE A NIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVE NUE)	
		5.03	5.04	5.05	5.06	5.07	
202.00	Cost to be allocated (per Wkst. B, Part I)	9,801,000	6,635,203	4,529,571	1,665,189	147,657,909	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.081091	0.003284	0.002447	1.130017	0.038141	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,264,508	88,925	151,219	415,110	2,929,921	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.010462	0.000044	0.000082	0.281698	0.000757	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RE SEARCH FU)	Reconciliatio n	CORPORATE ADMINISTRATIO N (ACCUM. COST)	
		5.08	5.09	5.10	5A.11	5.11	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT	864,796				5.08
5.09	00597	RESEARCH FACULTY	6,200	10,000			5.09
5.10	00598	RESEARCH SPA	4,444	0	95,336,264		5.10
5.11	00560	CORPORATE ADMINISTRATION	47,785	0	0	-105,776,333	5.11
6.00	00600	MAINTENANCE & REPAIRS	11,933	0	0	105,458,125	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,796	0	0	3,988,595	8.00
9.00	00900	HOUSEKEEPING	38,483	0	0	25,847,280	9.00
10.00	01000	DIETARY	724	0	0	677,997	10.00
10.01	01001	PATIENT FOOD SERVICE	13,293	0	0	10,388,491	10.01
11.00	01100	CAFETERIA	0	0	0	299,986	11.00
13.00	01300	NURSING ADMINISTRATION	9,991	0	0	18,055,232	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,171,055	14.00
15.00	01500	PHARMACY	13,726	0	0	28,872,782	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,197	0	0	9,669,931	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	14,137	0	0	19,085,220	16.01
18.00	01850	CLINICAL LAB ADMIN MED	208	0	0	508,374	18.00
18.01	01800	CLINICAL LAB ADMIN PED	118	0	0	271,112	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,224	0	0	3,997,398	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,526	0	0	3,883,042	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	108	0	0	384,623	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	73	0	0	1,096,252	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	328	0	0	6,495,640	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	1,660	0	0	2,515,116	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	560	0	0	894,598	18.09
18.12	01859	DISCRETIONARY OPERATIONS	15,430	0	0	-23,962,354	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	11,383	0	0	16,165,396	18.14
18.16	01861	NURSING SCHOOL SPLIT	14,112	0	0	19,624,230	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,612	0	0	758,876	19.00
20.00	02000	NURSING SCHOOL	0	0	0	21,916,788	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	66,017	0	0	54,777,599	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,598	0	0	11,963,141	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,090	0	0	727,223	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	410	0	0	341,435	23.01
23.02	02302	PARAMED DIETARY	245	0	0	503,951	23.02

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2020

Worksheet B-1

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Cost Center Description			PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RE SEARCH FU)	Reconciliatio n	CORPORATE ADMINISTRATIO N (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
23.03	02303	PARAMED SPEECH	1,228	0	0	2,022,243	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,049	0	0	2,195,014	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	252	0	0	0	288,872	23.05
23.06	02306	PARAMED PASTORAL CARE	1,050	0	0	0	1,061,193	23.06
23.07	02307	PARAMED TECHNOLOGY	534	0	0	981,434	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	203	0	0	149,115	0	23.08
23.09	02309	PARAMED PHARMACY	1,028	0	0	0	803,600	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	370	0	0	20,941	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	835	0	0	1,029,301	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,081	0	0	0	98,785,854	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,821	0	0	0	27,901,119	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	18,870	0	0	0	28,751,228	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,318	0	0	0	6,950,552	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	12,543	0	0	0	18,272,610	35.02
40.00	04000	SUBPROVIDER - IPF	4,670	0	0	0	5,276,070	40.00
41.00	04100	SUBPROVIDER - IRF	4,961	0	0	0	6,153,138	41.00
43.00	04300	NURSERY	1,458	0	0	0	2,341,837	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,597	0	0	0	50,868,341	50.00
51.00	05100	RECOVERY ROOM	4,964	0	0	0	8,405,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,794	0	0	0	8,863,556	52.00
53.00	05300	ANESTHESIOLOGY	1,860	0	0	0	9,970,454	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,218	0	0	0	39,261,527	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,614	0	0	0	13,627,592	55.00
56.00	05600	RADIOISOTOPE	715	0	0	0	3,003,456	56.00
60.00	06000	LABORATORY	31,695	0	0	0	82,423,818	60.00
60.01	06002	LABORATORY - HLA	594	0	0	0	2,070,125	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,375	0	0	0	13,128,501	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,976,070	64.00
65.00	06500	RESPIRATORY THERAPY	7,458	0	0	0	14,466,314	65.00
66.00	06600	PHYSICAL THERAPY	5,179	0	0	0	7,188,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,733	0	0	0	5,307,857	67.00
68.00	06800	SPEECH PATHOLOGY	2,308	0	0	0	3,343,702	68.00
69.00	06900	ELECTROCARDIOLOGY	6,181	0	0	0	11,493,256	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,991	0	0	0	2,627,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	38,166,474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	78,165,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	181,582,727	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	5,734,520	76.00
76.01	03550	PSYCH DAY HOSPITAL	4,204	0	0	0	4,202,020	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	48,321	0	0	0	86,075,947	90.00
91.00	09100	EMERGENCY	14,247	0	0	0	25,225,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,745	0	0	0	5,624,922	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	99	106.00
107.00	10700	LIVER ACQUISITION	582	0	0	0	3,063,944	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	36	0	0	0	438,311	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	628,093	0	0	-99,851,242	1,249,742,108	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,194	0	0	0	4,064,500	190.00
190.01	19001	FUND RAISING	7,045	0	0	0	13,628,068	190.01
190.02	19002	RUSH DAY SCHOOL	1,972	0	0	0	2,437,350	190.02
191.00	19100	RESEARCH	29,212	0	57,115,907	0	62,723,304	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	25,606	0	38,220,357	0	42,351,837	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,193	10,000	0	0	25,134,030	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	138,084	0	0	0	322,657,228	192.00
194.00	07950	MEDICAL COLLEGE	11,162	0	0	0	26,878,445	194.00
194.01	07951	AFFIL CORP ARC VENTURES	10,825	0	0	0	58,682,699	194.01
194.02	07952	AFFIL CORP ROOM 500	2,696	0	0	0	4,531,640	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	6,659	0	0	0	36,399,638	194.03
194.04	07954	CON - GNE	55	0	0	0	77,177	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,066,023	10,938,037	8,061,590		105,776,333	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RE SEARCH FU)	Reconciliatio n	CORPORATE ADMINISTRATIO N (ACCUM. COST)	
		5.08	5.09	5.10	5A.11	5.11	
203.00	Unit cost multiplier (Wkst. B, Part I)	11.639766	1,093.803700	0.084560		0.057198	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	183,040	97,311	332,019		3,190,718	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.211657	9.731100	0.003483		0.001725	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEE T ALL BLD)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE L AUNDRY)	HOUSEKEEPING (SQUARE FEE T ALL BLD)	DIETARY (TIME STUDY DIETARY S)	
		6.00	6.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS	2,086,721				6.00
6.01	00601	RENTED SPACE COSTS	0	10,000			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	5,869	0	1,716,720		8.00
9.00	00900	HOUSEKEEPING	52,238	0	0	2,028,614	9.00
10.00	01000	DIETARY	4,723	0	0	4,723	648,200 10.00
10.01	01001	PATIENT FOOD SERVICE	25,464	0	0	25,464	378,100 10.01
11.00	01100	CAFETERIA	37,919	0	0	37,919	270,100 11.00
13.00	01300	NURSING ADMINISTRATION	13,762	0	0	13,762	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,406	0	0	34,406	0 14.00
15.00	01500	PHARMACY	17,127	0	0	17,127	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,414	0	0	11,414	0 16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	10,643	0	0	10,643	0 16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0 18.00
18.01	01800	CLINICAL LAB ADMIN PED	0	0	0	0	0 18.01
18.02	01851	CLINICAL LAB ADMIN OB	7,602	0	0	7,602	0 18.02
18.03	01852	CLINICAL LAB ADMIN SURG	5,407	0	0	5,407	0 18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0 18.04
18.05	01854	CLINICAL LAB ADMIN PATH	13,472	0	0	13,472	0 18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0 18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0 18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	501	0	0	501	0 18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	72	0	0	72	0 18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0 18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	115,879	0	0	115,879	0 18.14
18.16	01861	NURSING SCHOOL SPLIT	18,082	0	0	18,082	0 18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	20,010	0	0	20,010	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,485	0	0	12,485	0 22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	5,674	0	0	5,674	0 23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	296	0	0	296	0 23.01
23.02	02302	PARAMED DIETARY	976	0	0	976	0 23.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEE T ALL BLD)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE L AUNDRY)	HOUSEKEEPING (SQUARE FEE T ALL BLD)	DIETARY (TIME STUDY DIETARY S)	
			6.00	6.01	8.00	9.00	10.00	
23.03	02303	PARAMED SPEECH	3,998	0	0	3,998	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	2,020	0	0	2,020	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	2,612	0	0	2,612	0	23.06
23.07	02307	PARAMED TECHNOLOGY	912	0	0	912	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	184	0	0	184	0	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	999	0	0	999	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	750	0	0	750	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	256,601	0	329,677	256,601	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	43,046	0	47,418	43,046	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	45,608	0	77,985	45,608	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	12,947	0	0	12,947	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	38,918	0	22,346	38,918	0	35.02
40.00	04000	SUBPROVIDER - IPF	25,834	0	47,260	25,834	0	40.00
41.00	04100	SUBPROVIDER - IRF	24,266	0	81,867	24,266	0	41.00
43.00	04300	NURSERY	14,697	0	47,321	14,697	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,870	0	189,988	105,870	0	50.00
51.00	05100	RECOVERY ROOM	30,363	0	0	30,363	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,348	0	0	21,348	0	52.00
53.00	05300	ANESTHESIOLOGY	16,133	0	0	16,133	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,898	0	205,606	80,898	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,916	0	0	22,916	0	55.00
56.00	05600	RADIOISOTOPE	6,012	0	42,657	6,012	0	56.00
60.00	06000	LABORATORY	93,773	0	114,371	93,773	0	60.00
60.01	06002	LABORATORY - HLA	1,441	0	0	1,441	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,021	0	0	5,021	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,822	0	0	6,822	0	65.00
66.00	06600	PHYSICAL THERAPY	12,292	0	14,689	12,292	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,649	0	4,377	11,649	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,544	0	0	7,544	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,032	0	0	15,032	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,455	0	0	2,455	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	766	0	0	766	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	6,689	0	0	6,689	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	128,657	0	0	128,657	0	90.00
91.00	09100	EMERGENCY	50,697	0	448,771	50,697	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,639	0	0	1,639	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	506	0	0	506	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,516,647	0	1,674,333	1,458,540	648,200	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	32,099	0	42,387	32,099	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	123,945	0	0	123,945	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	13,673	0	0	13,673	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	32,725	10,000	0	32,725	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	291,974	0	0	291,974	0	192.00
194.00	07950	MEDICAL COLLEGE	25,749	0	0	25,749	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	10,445	0	0	10,445	0	194.01
194.02	07952	AFFIL CORP ROOM 500	39,464	0	0	39,464	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	111,490,119	0	4,530,306	30,116,685	1,039,236	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEE T ALL BLD)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE L AUNDRY)	HOUSEKEEPING (SQUARE FEE T ALL BLD)	DIETARY (TIME STUDY DIETARY S)	
		6.00	6.01	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	53.428378	0.000000	2.638931	14.845942	1.603264	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	48,108,481	0	501,680	2,693,528	191,438	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	23.054582	0.000000	0.292232	1.327768	0.295338	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CA MPUS)	NURSING ADMINISTRATIO N (FTES NURSI NG ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE S UPPLIES)	PHARMACY (RECHARGE D RUGS)	
		10.01	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE	163,083				10.01
11.00	01100	CAFETERIA	0	737,426			11.00
13.00	01300	NURSING ADMINISTRATION	0	9,991	160,659		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	74,585,935	14.00
15.00	01500	PHARMACY	0	13,726	0	114,479	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,197	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	14,137	3,893	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	208	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	118	0	133	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	1,224	41	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	1,526	50	18,676	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	108	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	73	0	1,607	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	328	0	10,083	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	1,660	0	3,480	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	560	0	4	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	15,430	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	11,383	13	67,251	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	14,112	2,928	3,799	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,612	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	66,017	0	1,983	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,598	0	13,487	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	2,090	0	4	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	410	0	0	23.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CA MPUS)	NURSING ADMINISTRATIO N (FTES NURSI NG ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE S UPPLIES)	PHARMACY (RECHARGE D RUGS)	
			10.01	11.00	13.00	14.00	15.00	
23.02	02302	PARAMED DIETARY	0	245	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	1,228	0	4	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	1,049	0	26	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	252	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	1,050	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	534	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	203	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	1,028	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	370	0	85	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	835	0	4,124	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,418	76,081	51,719	6,142,906	39,839	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,432	19,821	16,119	2,054,154	67	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	18,469	18,870	14,589	1,952,442	60	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,605	5,318	4,334	509,057	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	12,543	10,804	717,434	0	35.02
40.00	04000	SUBPROVIDER - IPF	4,551	4,670	1,998	20,639	2	40.00
41.00	04100	SUBPROVIDER - IRF	8,608	4,961	2,873	117,730	5	41.00
43.00	04300	NURSERY	0	1,458	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,597	9,974	29,221,862	133	50.00
51.00	05100	RECOVERY ROOM	0	4,964	4,227	327,969	6	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,794	4,107	535,138	50	52.00
53.00	05300	ANESTHESIOLOGY	0	1,860	0	1,985,566	122,339	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,218	1,989	3,128,015	13,525	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,614	430	144,076	20	55.00
56.00	05600	RADIOISOTOPE	0	715	0	45,820	836	56.00
60.00	06000	LABORATORY	0	31,695	3,231	2,988,162	4,424	60.00
60.01	06002	LABORATORY - HLA	0	594	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,375	340	59,787	37,333	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,458	0	1,538,322	949	65.00
66.00	06600	PHYSICAL THERAPY	0	5,179	0	39,005	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,733	0	72,513	68	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,308	0	251,360	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,181	2,291	6,518,396	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,991	0	101,124	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	385,285	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	152,199,399	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	457,928	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	4,204	99	304	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	45,609	14,983	1,801,584	30,168,718	90.00
91.00	09100	EMERGENCY	0	14,247	9,434	1,010,677	114	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,745	104	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	582	89	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	36	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	163,083	500,723	160,659	62,366,480	182,606,594	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,194	0	586	0	190.00
190.01	19001	FUND RAISING	0	7,045	0	568	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	1,972	0	374	1,529	190.02
191.00	19100	RESEARCH	0	29,212	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	25,606	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	2,193	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	138,084	0	2,703,761	9,586,409	192.00
194.00	07950	MEDICAL COLLEGE	0	11,162	0	926	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	10,825	0	260,261	2,811,142	194.01
194.02	07952	AFFIL CORP ROOM 500	0	2,696	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	6,659	0	9,252,979	0	194.03
194.04	07954	CON - GNE	0	55	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CA MPUS)	NURSING ADMINISTRATIO N (FTES NURSI NG ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE S UPPLIES)	PHARMACY (RECHARGE D RUGS)	
		10.01	11.00	13.00	14.00	15.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	13,327,423	3,339,081	20,072,785	3,587,083	31,761,239	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	81.721718	4.528022	124.940308	0.048093	0.162873	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,540,043	1,852,838	1,070,872	2,011,908	1,847,565	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.443308	2.158349	6.665496	0.026974	0.009474	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE			
				CLINICAL LAB ADMIN MED (FTES CLA M ED)	CLINICAL LAB ADMIN PED (FTES CLA P ED)	CLINICAL LAB ADMIN OB (FTES CLA O B)	
				16.00	16.01	18.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,312				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	2,804	2,020,503,147			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	30,343		18.00
18.01	01800	CLINICAL LAB ADMIN PED	0	0	0	10,503	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

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To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE			
					CLINICAL LAB ADMIN MED (FTES CLA M ED)	CLINICAL LAB ADMIN PED (FTES CLA P ED)	CLINICAL LAB ADMIN OB (FTES CLA O B)	
			16.00	16.01	18.00	18.01	18.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	229,095,002	0	4,277	5,459	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	76,828,406	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	75,671,432	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	15,957,081	0	5,310	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	59,037,997	0	15	12,528	35.02
40.00	04000	SUBPROVIDER - IPF	0	10,009,040	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	18,930,003	0	0	0	41.00
43.00	04300	NURSERY	0	5,865,756	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	226,508,005	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	17,913,142	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,096,050	0	0	5,794	52.00
53.00	05300	ANESTHESIOLOGY	0	68,427,715	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	155,926,977	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,471,629	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,226,581	0	0	0	56.00
60.00	06000	LABORATORY	0	223,884,308	4,013	901	513	60.00
60.01	06002	LABORATORY - HLA	0	436,757	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	40,622,274	2,033	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	45,096,404	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	53,008,570	7,266	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,812,087	2,781	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,638,667	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,299,519	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	46,178,533	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,449,057	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	77,864,102	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	174,675,944	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	228,528,043	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	15,766,938	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	844	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,505,497	265	0	0	90.00
91.00	09100	EMERGENCY	2,508	55,016,787	13,985	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	10,825,000	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	4,326,000	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	603,000	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,312	2,020,503,147	30,343	10,503	24,294	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE			
					CLINICAL LAB ADMIN MED (FTES CLA M ED)	CLINICAL LAB ADMIN PED (FTES CLA P ED)	CLINICAL LAB ADMIN OB (FTES CLA O B)	
			16.00	16.01	18.00	18.01	18.02	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,034,904	27,278,805	538,394	287,159	4,755,728	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,077.353916	0.013501	17.743598	27.340665	195.757306	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	693,190	1,231,736	2,466	1,049	1,286,199	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	130.495105	0.000610	0.081271	0.099876	52.943072	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE					1/12/2021 3:07 PM
			CLINICAL LAB ADMIN SURG (FTES CLA S URG)	CLINICAL LAB ADMIN PSYCH (FTES CLA P SYCH)	CLINICAL LAB ADMIN PATH (FTES CLA P ATH)	CLINICAL LAB ADMIN CARD (FTES CLA C ARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA H EMAT)	
			18.03	18.04	18.05	18.06	18.07	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG	55,659					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	2,048				18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	2,380			18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	6,803		18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	5,030	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA S URG)	CLINICAL LAB ADMIN PSYCH (FTES CLA P SYCH)	CLINICAL LAB ADMIN PATH (FTES CLA P ATH)	CLINICAL LAB ADMIN CARD (FTES CLA C ARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA H EMAT)	
			18.03	18.04	18.05	18.06	18.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,249	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,597	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	4,964	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,472	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,991	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,864	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	715	0	0	0	0	56.00
60.00	06000	LABORATORY	544	0	2,380	1,941	2,061	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	594	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	2,375	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	208	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,900	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,862	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,840	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,745	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	582	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	36	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,659	2,048	2,380	6,803	5,030	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA S URG)	CLINICAL LAB ADMIN PSYCH (FTES CLA P SYCH)	CLINICAL LAB ADMIN PATH (FTES CLA P ATH)	CLINICAL LAB ADMIN CARD (FTES CLA C ARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA H EMAT)	
			18.03	18.04	18.05	18.06	18.07	
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,488,358		407,112	2,079,155	6,869,148		0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	80.640292		198.785156	873.594538	1,009.723357	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	303,929		78,467	750,794	18,843		0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.460554		38.313965	315.459664	2.769807	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

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Worksheet B-1

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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA N EUR)	CLINICAL LAB ADMIN OCLS (FTES CLA O CLS)	DISCRETIONARY OPERATIONS (FTES ON CA MPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01800	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	9,424					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	19,314				18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	671,140			18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	11,383	68,792		18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	14,112	26,749	10,000	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	1,612	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	8,855	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	66,017	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	5,598	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

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Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA N EUR)	CLINICAL LAB ADMIN OCLS (FTES CLA O CLS)	DISCRETIONARY OPERATIONS (FTES ON CA MPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,090	1,606	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	410	2,532	0	23.01
23.02	02302	PARAMED DIETARY	0	0	245	1,121	0	23.02
23.03	02303	PARAMED SPEECH	0	0	1,228	4,298	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	1,049	3,785	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	252	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	1,050	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	534	2,690	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	203	792	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	1,028	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	370	1,033	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	835	3,832	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	76,081	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	19,821	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	18,870	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	5,318	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	12,543	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	4,670	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,961	0	0	41.00
43.00	04300	NURSERY	0	0	1,458	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	861	0	18,597	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,964	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,794	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,860	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19,218	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,614	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	715	0	0	56.00
60.00	06000	LABORATORY	0	16,686	31,695	0	0	60.00
60.01	06002	LABORATORY - HLA	0	594	594	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,034	2,375	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,458	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,179	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,733	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,308	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,181	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,613	0	1,991	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	4,204	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,950	0	45,609	0	0	90.00
91.00	09100	EMERGENCY	0	0	14,247	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,745	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	582	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	36	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,424	19,314	434,437	48,438	8,855	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	1,194	3,080	1,145	190.00
190.01	19001	FUND RAISING	0	0	7,045	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	1,972	0	0	190.02
191.00	19100	RESEARCH	0	0	29,212	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	25,606	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,193	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	138,084	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	11,162	17,274	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	10,825	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	2,696	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description			OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA N EUR)	CLINICAL LAB ADMIN OCLS (FTES CLA O CLS)	DISCRETIONARY OPERATIONS (FTES ON CA MPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	6,659	0	0	194.03
194.04	07954	CON - GNE	0	0	55	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,700,866	953,219	24,032,221	25,468,232	32,819,902	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	286.594440	49.353785	35.808059	370.220840	3,281.990200	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,432	8,054	78,049	5,179,073	2,910,103	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.653650	0.417003	0.116293	75.285978	291.010300	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS (PERCENT CR NA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS		PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COS T REVENUE)	
					SERVICES-SALA RY & FRINGES APPRV (HOURS)	SERVICES-OTHE R PRGM COSTS APPRV (HOURS)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01800	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,000					19.00
20.00	02000	NURSING SCHOOL		23,250				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			44,241			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				44,241		22.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS (PERCENT CR NA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS		PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COS T REVENUE)	
					SERVICES-SALA RY & FRINGES APPRV (HOURS)	SERVICES-OTHE R PRGM COSTS APPRV (HOURS)		
			19.00	20.00	21.00	22.00	23.00	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					644,214,095	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	19,071	13,229	13,229	101,601,848	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	1,295	1,295	26,455,466	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	3,001	3,001	28,117,932	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	423	423	6,840,583	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	1,017	545	545	16,948,427	35.02
40.00	04000	SUBPROVIDER - IPF	0	358	574	574	5,997,400	40.00
41.00	04100	SUBPROVIDER - IRF	0	969	244	244	6,775,244	41.00
43.00	04300	NURSERY	0	0	103	103	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,408	3,408	115,513,901	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	8,197,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	441	441	8,692,151	52.00
53.00	05300	ANESTHESIOLOGY	10,000	1,835	3,126	3,126	9,999,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,073	4,073	35,860,342	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	434	434	11,576,942	55.00
56.00	05600	RADIOISOTOPE	0	0	511	511	2,566,764	56.00
60.00	06000	LABORATORY	0	0	1,322	1,322	67,238,899	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,922,293	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	129	129	11,289,249	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	284	284	12,550,805	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,480,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	4,916,647	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,360,598	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	536	536	26,705,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,840,054	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	630	630	5,093,743	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,366	1,366	4,436,230	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5,151	5,151	84,788,692	90.00
91.00	09100	EMERGENCY	0	0	3,312	3,312	19,464,530	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	100	100	5,418,368	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	99	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	3,135,729	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	428,738	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	23,250	44,237	44,237	644,214,095	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	4	4	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS (PERCENT CR NA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS		PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COS T REVENUE)	
					SERVICES-SALA RY & FRINGES APPRV (HOURS)	SERVICES-OTHE R PRGM COSTS APPRV (HOURS)		
			19.00	20.00	21.00	22.00	23.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	867,304	7,145,235	61,939,899	13,726,265	339,044	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	86.730400	307.321935	1,400.056486	310.261183	0.000526	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,532	2,576,896	1,440,354	1,434,312	374,053	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.653200	27.249935	32.556995	32.420424	0.000130	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2020

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Cost Center Description		PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPE ECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCC UPATIONAL)	PARAMED MEDICAL PHYSICS (DIRECT RAD IOLOGY)	
		23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY					16.01
18.00	01850	CLINICAL LAB ADMIN MED					18.00
18.01	01800	CLINICAL LAB ADMIN PED					18.01
18.02	01851	CLINICAL LAB ADMIN OB					18.02
18.03	01852	CLINICAL LAB ADMIN SURG					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH					18.04
18.05	01854	CLINICAL LAB ADMIN PATH					18.05
18.06	01855	CLINICAL LAB ADMIN CARD					18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS					18.09
18.12	01859	DISCRETIONARY OPERATIONS					18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT					18.14
18.16	01861	NURSING SCHOOL SPLIT					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	10,000				23.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPE ECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCC UPATIONAL)	PARAMED MEDICAL PHYSICS (DIRECT RAD IOLOGY)	
		23.01	23.02	23.03	23.04	23.05	
23.02	02302	PARAMED DIETARY					23.02
23.03	02303	PARAMED SPEECH	163,083				23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY		10,000			23.04
23.05	02305	PARAMED MEDICAL PHYSICS			10,000		23.05
23.06	02306	PARAMED PASTORAL CARE				20,000	23.06
23.07	02307	PARAMED TECHNOLOGY					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND					23.08
23.09	02309	PARAMED PHARMACY					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	111,418	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	16,432	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	18,469	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	3,605	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	4,551	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,608	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	10,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	10,000	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	163,083	10,000	10,000	20,000
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
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To 06/30/2020

Worksheet B-1

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Cost Center Description		PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPE ECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCC UPATIONAL)	PARAMED MEDICAL PHYSICS (DIRECT RAD IOLOGY)	
		23.01	23.02	23.03	23.04	23.05	
202.00	Cost to be allocated (per Wkst. B, Part I)	632,710	-12,415	-108,541	-613,500	352,769	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	63.271000	0.000000	0.000000	0.000000	17.638450	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	205,204	126,736	503,345	375,629	30,677	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.549500	0.777126	50.334500	37.562900	1.533850	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

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Period:
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To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED PASTORAL CARE (DIRECT COS T REVENUE)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RAD IOLOGY)	PARAMED PHARMACY (DIRECT PHA RMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RES PIRATORY)	
		23.06	23.07	23.08	23.09	23.10	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL					1.01
1.02	00102	DEPRECIATION DIRECT BLDG					1.02
1.03	00103	DEPRECIATION KELLOGG PAV					1.03
1.04	00104	DEPRECIATION JELKE SOUTH					1.04
1.05	00105	DEPRECIATION ATRIUM PAV					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH					1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH					1.07
1.08	00108	DEPRECIATION WOOD ST					1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY					1.09
1.10	00110	DEPRECIATION PRO BLDG III					1.10
1.11	00111	DEPRECIATION JRB					1.11
1.12	00112	DEPRECIATION TOB					1.12
1.13	00113	DEPRECIATION EQUIPMENT					1.13
1.14	00114	DEPRECIATION ORTHOPEDICS					1.14
1.15	00115	DEPRECIATION KIDSTON					1.15
1.16	00116	DEPRECIATION COHN					1.16
1.17	00117	DEPRECIATION TOWER					1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	INTEREST GENERAL					2.01
2.02	00202	INTEREST DIRECT BLDG					2.02
2.03	00203	INTEREST ATRUM PAV					2.03
2.04	00204	INTEREST PRO BLDG SOUTH					2.04
2.05	00205	INTEREST TOB					2.05
2.06	00206	INTEREST PRO BLDG III					2.06
2.07	00207	INTEREST TOWER					2.07
2.08	00208	INTEREST PRO BLDG NORTH					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	TRANSITION RECRUITMENT					5.01
5.02	00540	PARKING GARAGE					5.02
5.03	00591	RESEARCH ADMINISTRATION					5.03
5.04	00592	ADMIN & GEN INPT SERVICE					5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE					5.05
5.06	00594	ADMIN & GEN ANIMAL LAB					5.06
5.07	00595	ADMIN & GEN PT SERVICE					5.07
5.08	00596	PERSONNEL DEPARTMENT					5.08
5.09	00597	RESEARCH FACULTY					5.09
5.10	00598	RESEARCH SPA					5.10
5.11	00560	CORPORATE ADMINISTRATION					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	RENTED SPACE COSTS					6.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	PATIENT FOOD SERVICE					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY					16.01
18.00	01850	CLINICAL LAB ADMIN MED					18.00
18.01	01800	CLINICAL LAB ADMIN PED					18.01
18.02	01851	CLINICAL LAB ADMIN OB					18.02
18.03	01852	CLINICAL LAB ADMIN SURG					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH					18.04
18.05	01854	CLINICAL LAB ADMIN PATH					18.05
18.06	01855	CLINICAL LAB ADMIN CARD					18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS					18.09
18.12	01859	DISCRETIONARY OPERATIONS					18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT					18.14
18.16	01861	NURSING SCHOOL SPLIT					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH					23.01

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			PARAMED PASTORAL CARE (DIRECT COS T REVENUE)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RAD IOLOGY)	PARAMED PHARMACY (DIRECT PHA RMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RES PIRATORY)	
			23.06	23.07	23.08	23.09	23.10	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE	644,214,095					23.06
23.07	02307	PARAMED TECHNOLOGY		10,000				23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			20,000			23.08
23.09	02309	PARAMED PHARMACY				10,000		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY					10,000	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,601,848	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	26,455,466	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	28,117,932	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,840,583	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	16,948,427	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	5,997,400	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,775,244	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	115,513,901	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	8,197,351	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,692,151	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,999,384	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,860,342	0	10,000	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,576,942	0	10,000	0	0	55.00
56.00	05600	RADIOISOTOPE	2,566,764	0	0	0	0	56.00
60.00	06000	LABORATORY	67,238,899	10,000	0	0	0	60.00
60.01	06002	LABORATORY - HLA	1,922,293	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,289,249	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,550,805	0	0	0	10,000	65.00
66.00	06600	PHYSICAL THERAPY	6,480,079	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,916,647	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,360,598	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,705,607	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,840,054	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	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	5,093,743	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	4,436,230	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	84,788,692	0	0	0	0	90.00
91.00	09100	EMERGENCY	19,464,530	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,418,368	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	99	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,135,729	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	428,738	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	644,214,095	10,000	20,000	10,000	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
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Date/Time Prepared:
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Cost Center Description		PARAMED PASTORAL CARE (DIRECT COS T REVENUE)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RAD IOLOGY)	PARAMED PHARMACY (DIRECT PHA RMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RES PIRATORY)	
		23.06	23.07	23.08	23.09	23.10	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,342,576	98,266	164,851	902,090	444,631	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002084	9.826600	8.242550	90.209000	44.463100	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	129,808	243,328	68,345	12,921	121,688	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000201	1.950100	1.521200	1.292100	9.014900	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

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Cost Center Description		PARAMED PHYSICIANS ASSISTANT (DIRECT COS T REVENUE)	
		23.11	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	1.01
1.02	00102	DEPRECIATION DIRECT BLDG	1.02
1.03	00103	DEPRECIATION KELLOGG PAV	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	1.07
1.08	00108	DEPRECIATION WOOD ST	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1.09
1.10	00110	DEPRECIATION PRO BLDG III	1.10
1.11	00111	DEPRECIATION JRB	1.11
1.12	00112	DEPRECIATION TOB	1.12
1.13	00113	DEPRECIATION EQUIPMENT	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1.14
1.15	00115	DEPRECIATION KIDSTON	1.15
1.16	00116	DEPRECIATION COHN	1.16
1.17	00117	DEPRECIATION TOWER	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	INTEREST GENERAL	2.01
2.02	00202	INTEREST DIRECT BLDG	2.02
2.03	00203	INTEREST ATRUM PAV	2.03
2.04	00204	INTEREST PRO BLDG SOUTH	2.04
2.05	00205	INTEREST TOB	2.05
2.06	00206	INTEREST PRO BLDG III	2.06
2.07	00207	INTEREST TOWER	2.07
2.08	00208	INTEREST PRO BLDG NORTH	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00590	TRANSITION RECRUITMENT	5.01
5.02	00540	PARKING GARAGE	5.02
5.03	00591	RESEARCH ADMINISTRATION	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	5.06
5.07	00595	ADMIN & GEN PT SERVICE	5.07
5.08	00596	PERSONNEL DEPARTMENT	5.08
5.09	00597	RESEARCH FACULTY	5.09
5.10	00598	RESEARCH SPA	5.10
5.11	00560	CORPORATE ADMINISTRATION	5.11
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	RENTED SPACE COSTS	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
10.01	01001	PATIENT FOOD SERVICE	10.01
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	16.01
18.00	01850	CLINICAL LAB ADMIN MED	18.00
18.01	01800	CLINICAL LAB ADMIN PED	18.01
18.02	01851	CLINICAL LAB ADMIN OB	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	18.09
18.12	01859	DISCRETIONARY OPERATIONS	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	18.14
18.16	01861	NURSING SCHOOL SPLIT	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	23.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE)	
		23.11	
23.02	02302	PARAMED DIETARY	23.02
23.03	02303	PARAMED SPEECH	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	23.05
23.06	02306	PARAMED PASTORAL CARE	23.06
23.07	02307	PARAMED TECHNOLOGY	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	23.08
23.09	02309	PARAMED PHARMACY	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	23.11
		644,214,095	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	35.02
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
		101,601,848	
		26,455,466	
		28,117,932	
		6,840,583	
		16,948,427	
		5,997,400	
		6,775,244	
		0	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
60.00	06000	LABORATORY	60.00
60.01	06002	LABORATORY - HLA	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	RENAL DIALYSIS ADULT	76.00
76.01	03550	PSYCH DAY HOSPITAL	76.01
		115,513,901	
		8,197,351	
		8,692,151	
		9,999,384	
		35,860,342	
		11,576,942	
		2,566,764	
		67,238,899	
		1,922,293	
		11,289,249	
		0	
		12,550,805	
		6,480,079	
		4,916,647	
		3,360,598	
		26,705,607	
		1,840,054	
		0	
		0	
		0	
		0	
		5,093,743	
		4,436,230	
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04040	BEHAVIORAL HEALTH	93.00
		84,788,692	
		19,464,530	
		0	
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
106.00	10600	HEART ACQUISITION	106.00
107.00	10700	LIVER ACQUISITION	107.00
108.00	10800	LUNG ACQUISITION	108.00
109.00	10900	PANCREAS ACQUISITION	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
		5,418,368	
		99	
		3,135,729	
		0	
		428,738	
		0	
		644,214,095	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
190.01	19001	FUND RAISING	190.01
190.02	19002	RUSH DAY SCHOOL	190.02
191.00	19100	RESEARCH	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	MEDICAL COLLEGE	194.00
194.01	07951	AFFIL CORP ARC VENTURES	194.01
194.02	07952	AFFIL CORP ROOM 500	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	194.03
194.04	07954	CON - GNE	194.04
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED PHYSICIANS ASSISTANT (DIRECT COS T REVENUE)	
		23.11	
202.00	Cost to be allocated (per Wkst. B, Part I)	474,469	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000737	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	324,262	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000136	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

			Title XVIII	Hospital	PPS			
Cost Center Description			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	152,424,183		152,424,183	0	152,424,183	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	37,941,950		37,941,950	0	37,941,950	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	39,018,267		39,018,267	504,064	39,522,331	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	9,690,656		9,690,656	7,466	9,698,122	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	27,543,334		27,543,334	19,571	27,562,905	35.02
40.00	04000	SUBPROVIDER - IPF	8,542,503		8,542,503	0	8,542,503	40.00
41.00	04100	SUBPROVIDER - IRF	10,222,103		10,222,103	378	10,222,481	41.00
43.00	04300	NURSERY	3,742,094		3,742,094	0	3,742,094	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70,100,209		70,100,209	0	70,100,209	50.00
51.00	05100	RECOVERY ROOM	12,373,428		12,373,428	0	12,373,428	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,048,763		13,048,763	0	13,048,763	52.00
53.00	05300	ANESTHESIOLOGY	14,501,192		14,501,192	0	14,501,192	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,603,531		52,603,531	40,306	52,643,837	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,847,591		16,847,591	0	16,847,591	55.00
56.00	05600	RADIOISOTOPE	3,825,773		3,825,773	0	3,825,773	56.00
60.00	06000	LABORATORY	104,750,328		104,750,328	128,781	104,879,109	60.00
60.01	06002	LABORATORY - HLA	2,352,522		2,352,522	0	2,352,522	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,092,149		15,092,149	0	15,092,149	62.00
64.00	06400	INTRAVENOUS THERAPY	2,697,944		2,697,944	0	2,697,944	64.00
65.00	06500	RESPIRATORY THERAPY	17,465,723	0	17,465,723	0	17,465,723	65.00
66.00	06600	PHYSICAL THERAPY	8,986,940	0	8,986,940	0	8,986,940	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,814,345	0	6,814,345	0	6,814,345	67.00
68.00	06800	SPEECH PATHOLOGY	4,404,717	0	4,404,717	15,714	4,420,431	68.00
69.00	06900	ELECTROCARDIOLOGY	19,648,105		19,648,105	11,697	19,659,802	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,734,351		3,734,351	0	3,734,351	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,419,293		41,419,293	0	41,419,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	84,994,312		84,994,312	0	84,994,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,745,593		220,745,593	0	220,745,593	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	6,366,761		6,366,761	0	6,366,761	76.00
76.01	03550	PSYCH DAY HOSPITAL	5,095,870		5,095,870	0	5,095,870	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	111,161,684		111,161,684	16,200	111,177,884	90.00
91.00	09100	EMERGENCY	39,381,604		39,381,604	21,595	39,403,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,342,892		10,342,892	0	10,342,892	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,446,937		6,446,937	0	6,446,937	105.00
106.00	10600	HEART ACQUISITION	105		105	0	105	106.00
107.00	10700	LIVER ACQUISITION	3,424,170		3,424,170	0	3,424,170	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	477,586		477,586	0	477,586	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0	0	0	112.00
200.00		Subtotal (see instructions)	1,188,229,508	0	1,188,229,508	765,772	1,188,995,280	200.00
201.00		Less Observation Beds	10,342,892		10,342,892	0	10,342,892	201.00
202.00		Total (see instructions)	1,177,886,616	0	1,177,886,616	765,772	1,178,652,388	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	229,095,002		229,095,002		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	76,828,406		76,828,406		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	75,671,432		75,671,432		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	15,957,081		15,957,081		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	59,037,997		59,037,997		35.02
40.00	04000	SUBPROVIDER - IPF	10,009,040		10,009,040		40.00
41.00	04100	SUBPROVIDER - IRF	18,930,003		18,930,003		41.00
43.00	04300	NURSERY	5,865,756		5,865,756		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	226,508,005	122,034,864	348,542,869	0.201124	0.000000
51.00	05100	RECOVERY ROOM	17,913,142	17,270,971	35,184,113	0.351677	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,096,050	3,383,221	24,479,271	0.533054	0.000000
53.00	05300	ANESTHESIOLOGY	68,427,715	45,931,716	114,359,431	0.126804	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,926,977	194,833,106	350,760,083	0.149970	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	4,471,629	74,616,837	79,088,466	0.213022	0.000000
56.00	05600	RADIOISOTOPE	2,226,581	14,121,812	16,348,393	0.234015	0.000000
60.00	06000	LABORATORY	223,884,308	259,561,097	483,445,405	0.216675	0.000000
60.01	06002	LABORATORY - HLA	436,757	4,759,907	5,196,664	0.452699	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	40,622,274	11,888,440	52,510,714	0.287411	0.000000
64.00	06400	INTRAVENOUS THERAPY	45,096,404	2,709,622	47,806,026	0.056435	0.000000
65.00	06500	RESPIRATORY THERAPY	53,008,570	916,087	53,924,657	0.323891	0.000000
66.00	06600	PHYSICAL THERAPY	16,812,087	8,288,965	25,101,052	0.358030	0.000000
67.00	06700	OCCUPATIONAL THERAPY	13,638,667	2,811,483	16,450,150	0.414242	0.000000
68.00	06800	SPEECH PATHOLOGY	6,299,519	4,329,141	10,628,660	0.414419	0.000000
69.00	06900	ELECTROCARDIOLOGY	46,178,533	48,258,343	94,436,876	0.208055	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	17,449,057	3,958,202	21,407,259	0.174443	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,864,102	38,304,545	116,168,647	0.356545	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,675,944	62,018,243	236,694,187	0.359089	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	228,528,043	530,409,051	758,937,094	0.290862	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
76.00	03020	RENAL DIALYSIS ADULT	15,766,938	378,472	16,145,410	0.394339	0.000000
76.01	03550	PSYCH DAY HOSPITAL	844	748,959	749,803	6.796278	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,505,497	262,271,289	263,776,786	0.421423	0.000000
91.00	09100	EMERGENCY	55,016,787	137,020,436	192,037,223	0.205073	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,745,277	37,867,469	45,612,746	0.226754	0.000000
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	10,825,000	0	10,825,000		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	4,326,000	0	4,326,000		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	603,000	0	603,000		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0		112.00
200.00		Subtotal (see instructions)	2,028,248,424	1,888,692,278	3,916,940,702		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,028,248,424	1,888,692,278	3,916,940,702		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 1/12/2021 3:07 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201124		50.00
51.00	05100	RECOVERY ROOM	0.351677		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.533054		52.00
53.00	05300	ANESTHESIOLOGY	0.126804		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150085		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213022		55.00
56.00	05600	RADIOISOTOPE	0.234015		56.00
60.00	06000	LABORATORY	0.216941		60.00
60.01	06002	LABORATORY - HLA	0.452699		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287411		62.00
64.00	06400	INTRAVENOUS THERAPY	0.056435		64.00
65.00	06500	RESPIRATORY THERAPY	0.323891		65.00
66.00	06600	PHYSICAL THERAPY	0.358030		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.414242		67.00
68.00	06800	SPEECH PATHOLOGY	0.415897		68.00
69.00	06900	ELECTROCARDIOLOGY	0.208179		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174443		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.356545		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359089		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290862		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	RENAL DIALYSIS ADULT	0.394339		76.00
76.01	03550	PSYCH DAY HOSPITAL	6.796278		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.421485		90.00
91.00	09100	EMERGENCY	0.205185		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226754		92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000		93.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,314,398	0	18,314,398	110,263	166.10	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,133,449		3,133,449	16,432	190.69	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	3,240,596		3,240,596	18,469	175.46	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	867,615		867,615	3,605	240.67	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	3,663,410		3,663,410	14,440	253.70	35.02
40.00	SUBPROVIDER - IPF	1,470,947	0	1,470,947	4,551	323.21	40.00
41.00	SUBPROVIDER - IRF	1,166,659	0	1,166,659	8,608	135.53	41.00
43.00	NURSERY	824,762		824,762	3,801	216.99	43.00
200.00	Total (lines 30 through 199)	32,681,836		32,681,836	180,169		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	35,115	5,832,602				
34.00	SURGICAL INTENSIVE CARE UNIT	5,399	1,029,535				
35.00	MEDICAL INTENSIVE CARE UNIT	6,389	1,121,014				
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
35.02	PREMATURE INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	1,152	372,338				
41.00	SUBPROVIDER - IRF	3,018	409,030				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	51,073	8,764,519				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 1/12/2021 3:07 pm		
				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,699,238	348,542,869	0.022090	74,847,524	1,653,382	50.00
51.00	05100	RECOVERY ROOM	1,905,602	35,184,113	0.054161	6,570,025	355,839	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,691,916	24,479,271	0.069116	95,220	6,581	52.00
53.00	05300	ANESTHESIOLOGY	1,141,866	114,359,431	0.009985	21,482,751	214,505	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,642,114	350,760,083	0.016085	52,682,365	847,396	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,397,868	79,088,466	0.017675	1,854,967	32,787	55.00
56.00	05600	RADIOISOTOPE	400,177	16,348,393	0.024478	958,345	23,458	56.00
60.00	06000	LABORATORY	6,827,072	483,445,405	0.014122	68,510,057	967,499	60.00
60.01	06002	LABORATORY - HLA	92,234	5,196,664	0.017749	125,841	2,234	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	400,250	52,510,714	0.007622	11,130,231	84,835	62.00
64.00	06400	INTRAVENOUS THERAPY	69,313	47,806,026	0.001450	13,467,345	19,528	64.00
65.00	06500	RESPIRATORY THERAPY	575,915	53,924,657	0.010680	11,977,392	127,919	65.00
66.00	06600	PHYSICAL THERAPY	983,220	25,101,052	0.039170	4,717,539	184,786	66.00
67.00	06700	OCCUPATIONAL THERAPY	921,005	16,450,150	0.055988	3,614,958	202,394	67.00
68.00	06800	SPEECH PATHOLOGY	377,906	10,628,660	0.035555	1,562,650	55,560	68.00
69.00	06900	ELECTROCARDIOLOGY	1,257,034	94,436,876	0.013311	16,101,167	214,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	194,579	21,407,259	0.009089	4,914,297	44,666	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	218,234	116,168,647	0.001879	27,394,338	51,474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	433,335	236,694,187	0.001831	73,621,215	134,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,521,493	758,937,094	0.003322	61,129,984	203,074	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	92,170	16,145,410	0.005709	6,291,599	35,919	76.00
76.01	03550	PSYCH DAY HOSPITAL	452,720	749,803	0.603785	190	115	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,075,701	263,776,786	0.026825	831,278	22,299	90.00
91.00	09100	EMERGENCY	3,830,337	192,037,223	0.019946	18,285,698	364,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,242,740	45,612,746	0.027245	1,365,937	37,215	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	47,444,039	3,409,791,985		483,532,913	5,887,315	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part III
Date/Time Prepared:
1/12/2021 3:07 pm

				Title XVIII		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	5,860,937	0	340,062	0	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	88,547	0	34.00	
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	94,111	0	35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	22,896	0	35.01	
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	312,546	0	56,727	0	35.02	
40.00	04000	SUBPROVIDER - IPF	0	110,021	0	20,074	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	297,795	0	22,677	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	6,581,299	0	645,094	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	6,200,999	110,263	56.24	35,115	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		88,547	16,432	5.39	5,399	34.00	
35.00	02040	MEDICAL INTENSIVE CARE UNIT		94,111	18,469	5.10	6,389	35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		22,896	3,605	6.35	0	35.01	
35.02	02120	PREMATURE INTENSIVE CARE UNIT		369,273	14,440	25.57	0	35.02	
40.00	04000	SUBPROVIDER - IPF	0	130,095	4,551	28.59	1,152	40.00	
41.00	04100	SUBPROVIDER - IRF	0	320,472	8,608	37.23	3,018	41.00	
43.00	04300	NURSERY		0	3,801	0.00	0	43.00	
200.00		Total (lines 30 through 199)		7,226,393	180,169		51,073	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	1,974,868						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	29,101						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	32,584						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0						35.02
40.00	04000	SUBPROVIDER - IPF	32,936						40.00
41.00	04100	SUBPROVIDER - IRF	112,360						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	2,181,849						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/12/2021 3:07 pm

			Title XVIII		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	386,528
51.00	05100	RECOVERY ROOM	0	0	0	0	27,436
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	29,092
53.00	05300	ANESTHESIOLOGY	0	0	563,936	0	33,469
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	378,834
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	297,558
56.00	05600	RADIOISOTOPE	0	0	0	0	8,591
60.00	06000	LABORATORY	0	0	0	0	956,025
60.01	06002	LABORATORY - HLA	0	0	0	0	6,434
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	37,785
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	486,639
66.00	06600	PHYSICAL THERAPY	0	0	0	0	21,689
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	16,456
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	11,248
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	89,383
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	6,159
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	902,090
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	17,048
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	14,848
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	283,788
91.00	09100	EMERGENCY	0	0	0	0	65,147
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	397,695	0	23,075
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	961,631	0	4,099,322

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/12/2021 3:07 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	386,528	386,528	348,542,869	0.001109	50.00
51.00	05100	RECOVERY ROOM	0	27,436	27,436	35,184,113	0.000780	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,092	29,092	24,479,271	0.001188	52.00
53.00	05300	ANESTHESIOLOGY	0	597,405	597,405	114,359,431	0.005224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	378,834	378,834	350,760,083	0.001080	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	297,558	297,558	79,088,466	0.003762	55.00
56.00	05600	RADIOISOTOPE	0	8,591	8,591	16,348,393	0.000525	56.00
60.00	06000	LABORATORY	0	956,025	956,025	483,445,405	0.001978	60.00
60.01	06002	LABORATORY - HLA	0	6,434	6,434	5,196,664	0.001238	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	37,785	37,785	52,510,714	0.000720	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	47,806,026	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	486,639	486,639	53,924,657	0.009024	65.00
66.00	06600	PHYSICAL THERAPY	0	21,689	21,689	25,101,052	0.000864	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,456	16,456	16,450,150	0.001000	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,248	11,248	10,628,660	0.001058	68.00
69.00	06900	ELECTROCARDIOLOGY	0	89,383	89,383	94,436,876	0.000946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,159	6,159	21,407,259	0.000288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	116,168,647	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	236,694,187	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	902,090	902,090	758,937,094	0.001189	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	17,048	17,048	16,145,410	0.001056	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	14,848	14,848	749,803	0.019803	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	283,788	283,788	263,776,786	0.001076	90.00
91.00	09100	EMERGENCY	0	65,147	65,147	192,037,223	0.000339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	420,770	420,770	45,612,746	0.009225	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	5,060,953	5,060,953	3,409,791,985		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 1/12/2021 3:07 pm		
					Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	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	0.001109	74,847,524	83,006	26,973,911	29,914	50.00	
51.00	05100	RECOVERY ROOM	0.000780	6,570,025	5,125	3,836,318	2,992	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001188	95,220	113	12,211	15	52.00	
53.00	05300	ANESTHESIOLOGY	0.005224	21,482,751	112,226	10,344,390	54,039	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001080	52,682,365	56,897	55,553,049	59,997	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.003762	1,854,967	6,978	24,458,215	92,012	55.00	
56.00	05600	RADIOISOTOPE	0.000525	958,345	503	4,914,478	2,580	56.00	
60.00	06000	LABORATORY	0.001978	68,510,057	135,513	67,695,823	133,902	60.00	
60.01	06002	LABORATORY - HLA	0.001238	125,841	156	2,694,879	3,336	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000720	11,130,231	8,014	3,363,931	2,422	62.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	13,467,345	0	652,100	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.009024	11,977,392	108,084	102,470	925	65.00	
66.00	06600	PHYSICAL THERAPY	0.000864	4,717,539	4,076	145,105	125	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.001000	3,614,958	3,615	26,321	26	67.00	
68.00	06800	SPEECH PATHOLOGY	0.001058	1,562,650	1,653	13,002	14	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000946	16,101,167	15,232	15,488,676	14,652	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000288	4,914,297	1,415	298,795	86	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	27,394,338	0	11,849,787	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	73,621,215	0	21,151,239	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001189	61,129,984	72,684	151,333,852	179,936	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
76.00	03020	RENAL DIALYSIS ADULT	0.001056	6,291,599	6,644	183,722	194	76.00	
76.01	03550	PSYCH DAY HOSPITAL	0.019803	190	4	191,847	3,799	76.01	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.001076	831,278	894	73,553,260	79,143	90.00	
91.00	09100	EMERGENCY	0.000339	18,285,698	6,199	14,936,732	5,064	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.009225	1,365,937	12,601	8,456,184	78,008	92.00	
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00	
200.00		Total (lines 50 through 199)		483,532,913	641,632	498,230,297	743,181	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/12/2021 3:07 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.201124	26,973,911	0	0	5,425,101	50.00
51.00	05100	RECOVERY ROOM	0.351677	3,836,318	0	0	1,349,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.533054	12,211	0	0	6,509	52.00
53.00	05300	ANESTHESIOLOGY	0.126804	10,344,390	0	0	1,311,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149970	55,553,049	0	0	8,331,291	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213022	24,458,215	0	0	5,210,138	55.00
56.00	05600	RADIOISOTOPE	0.234015	4,914,478	0	0	1,150,062	56.00
60.00	06000	LABORATORY	0.216675	67,695,823	0	0	14,667,992	60.00
60.01	06002	LABORATORY - HLA	0.452699	2,694,879	0	0	1,219,969	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287411	3,363,931	0	0	966,831	62.00
64.00	06400	INTRAVENOUS THERAPY	0.056435	652,100	0	0	36,801	64.00
65.00	06500	RESPIRATORY THERAPY	0.323891	102,470	0	0	33,189	65.00
66.00	06600	PHYSICAL THERAPY	0.358030	145,105	0	0	51,952	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.414242	26,321	0	0	10,903	67.00
68.00	06800	SPEECH PATHOLOGY	0.414419	13,002	0	0	5,388	68.00
69.00	06900	ELECTROCARDIOLOGY	0.208055	15,488,676	0	0	3,222,496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174443	298,795	0	0	52,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.356545	11,849,787	1,378	0	4,224,982	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359089	21,151,239	446,000	0	7,595,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290862	151,333,852	21,613	625,277	44,017,267	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.394339	183,722	0	0	72,449	76.00
76.01	03550	PSYCH DAY HOSPITAL	6.796278	191,847	0	0	1,303,846	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.421423	73,553,260	0	0	30,997,035	90.00
91.00	09100	EMERGENCY	0.205073	14,936,732	0	0	3,063,120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226754	8,456,184	0	0	1,917,474	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		498,230,297	468,991	625,277	136,242,950	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		498,230,297	468,991	625,277	136,242,950	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/12/2021 3:07 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	491	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,154	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,286	181,869		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
200.00		Subtotal (see instructions)	166,931	181,869		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	166,931	181,869		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0119

Period:

Worksheet D

Component CCN: 14-S119

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
1/12/2021 3:07 pm

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,699,238	348,542,869	0.022090	0	0	50.00
51.00	05100	RECOVERY ROOM	1,905,602	35,184,113	0.054161	93,754	5,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,691,916	24,479,271	0.069116	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,141,866	114,359,431	0.009985	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,642,114	350,760,083	0.016085	92,803	1,493	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,397,868	79,088,466	0.017675	0	0	55.00
56.00	05600	RADIOISOTOPE	400,177	16,348,393	0.024478	775	19	56.00
60.00	06000	LABORATORY	6,827,072	483,445,405	0.014122	283,634	4,005	60.00
60.01	06002	LABORATORY - HLA	92,234	5,196,664	0.017749	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	400,250	52,510,714	0.007622	204	2	62.00
64.00	06400	INTRAVENOUS THERAPY	69,313	47,806,026	0.001450	29,459	43	64.00
65.00	06500	RESPIRATORY THERAPY	575,915	53,924,657	0.010680	22,310	238	65.00
66.00	06600	PHYSICAL THERAPY	983,220	25,101,052	0.039170	10,295	403	66.00
67.00	06700	OCCUPATIONAL THERAPY	921,005	16,450,150	0.055988	147,354	8,250	67.00
68.00	06800	SPEECH PATHOLOGY	377,906	10,628,660	0.035555	3,052	109	68.00
69.00	06900	ELECTROCARDIOLOGY	1,257,034	94,436,876	0.013311	36,332	484	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	194,579	21,407,259	0.009089	5,073	46	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	218,234	116,168,647	0.001879	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	433,335	236,694,187	0.001831	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,521,493	758,937,094	0.003322	225,940	751	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	92,170	16,145,410	0.005709	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	452,720	749,803	0.603785	197	119	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,075,701	263,776,786	0.026825	3,966	106	90.00
91.00	09100	EMERGENCY	3,830,337	192,037,223	0.019946	334,971	6,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	45,612,746	0.000000	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	46,201,299	3,409,791,985		1,290,119	27,827	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0119 Component CCN: 14-S119		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/12/2021 3:07 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	386,528	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	27,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	29,092	52.00
53.00	05300	ANESTHESIOLOGY		0	0	563,936	0	33,469	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	378,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	297,558	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	8,591	56.00
60.00	06000	LABORATORY		0	0	0	0	956,025	60.00
60.01	06002	LABORATORY - HLA		0	0	0	0	6,434	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	37,785	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	486,639	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	21,689	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	16,456	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	11,248	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	89,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	6,159	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	902,090	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT		0	0	0	0	17,048	76.00
76.01	03550	PSYCH DAY HOSPITAL		0	0	0	0	14,848	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	283,788	90.00
91.00	09100	EMERGENCY		0	0	0	0	65,147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH		0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	563,936	0	4,076,247	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0119 Component CCN: 14-S119		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/12/2021 3:07 pm	
				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		386,528	386,528	348,542,869	0.001109	50.00
51.00	05100	RECOVERY ROOM	0		27,436	27,436	35,184,113	0.000780	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		29,092	29,092	24,479,271	0.001188	52.00
53.00	05300	ANESTHESIOLOGY	0		597,405	597,405	114,359,431	0.005224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		378,834	378,834	350,760,083	0.001080	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		297,558	297,558	79,088,466	0.003762	55.00
56.00	05600	RADIOISOTOPE	0		8,591	8,591	16,348,393	0.000525	56.00
60.00	06000	LABORATORY	0		956,025	956,025	483,445,405	0.001978	60.00
60.01	06002	LABORATORY - HLA	0		6,434	6,434	5,196,664	0.001238	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		37,785	37,785	52,510,714	0.000720	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	47,806,026	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0		486,639	486,639	53,924,657	0.009024	65.00
66.00	06600	PHYSICAL THERAPY	0		21,689	21,689	25,101,052	0.000864	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		16,456	16,456	16,450,150	0.001000	67.00
68.00	06800	SPEECH PATHOLOGY	0		11,248	11,248	10,628,660	0.001058	68.00
69.00	06900	ELECTROCARDIOLOGY	0		89,383	89,383	94,436,876	0.000946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		6,159	6,159	21,407,259	0.000288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	116,168,647	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	236,694,187	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		902,090	902,090	758,937,094	0.001189	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0.000000	74.00
76.00	03020	RENAL DIALYSIS ADULT	0		17,048	17,048	16,145,410	0.001056	76.00
76.01	03550	PSYCH DAY HOSPITAL	0		14,848	14,848	749,803	0.019803	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		283,788	283,788	263,776,786	0.001076	90.00
91.00	09100	EMERGENCY	0		65,147	65,147	192,037,223	0.000339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	45,612,746	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0		4,640,183	4,640,183	3,409,791,985		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0119 Component CCN: 14-S119		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/12/2021 3:07 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.001109	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000780	93,754	73	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001188	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.005224	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001080	92,803	100	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.003762	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000525	775	0	0	0	0	56.00
60.00	06000	LABORATORY	0.001978	283,634	561	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0.001238	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000720	204	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	29,459	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.009024	22,310	201	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000864	10,295	9	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.001000	147,354	147	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.001058	3,052	3	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000946	36,332	34	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000288	5,073	1	293	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001189	225,940	269	51	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.001056	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.019803	197	4	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.001076	3,966	4	0	0	0	90.00
91.00	09100	EMERGENCY	0.000339	334,971	114	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		1,290,119	1,520	344	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0119

Period:

Worksheet D

Component CCN:14-S119

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
1/12/2021 3:07 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Charges			Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.201124	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.351677	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.533054	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.126804	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149970	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213022	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.234015	0	0	0	56.00
60.00	06000	LABORATORY	0.216675	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0.452699	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287411	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.056435	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.323891	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.358030	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.414242	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.414419	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.208055	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174443	293	0	51	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.356545	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359089	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290862	51	0	96	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.394339	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	6.796278	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.421423	0	0	0	90.00
91.00	09100	EMERGENCY	0.205073	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226754	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	93.00
200.00		Subtotal (see instructions)		344	0	96	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		344	0	96	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0119

Period:

Worksheet D

Component CCN: 14-S119

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
1/12/2021 3:07 pm

Title XVIII

Subprovider -
IPF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	28	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
200.00		Subtotal (see instructions)	0	28	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	28	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 1/12/2021 3:07 pm		
				Component CCN: 14-T119				
				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	7,699,238	348,542,869	0.022090	41,991	928	50.00
51.00	05100	RECOVERY ROOM	1,905,602	35,184,113	0.054161	6,333	343	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,691,916	24,479,271	0.069116	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,141,866	114,359,431	0.009985	12,855	128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,642,114	350,760,083	0.016085	466,664	7,506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,397,868	79,088,466	0.017675	74,999	1,326	55.00
56.00	05600	RADIOISOTOPE	400,177	16,348,393	0.024478	3,753	92	56.00
60.00	06000	LABORATORY	6,827,072	483,445,405	0.014122	933,670	13,185	60.00
60.01	06002	LABORATORY - HLA	92,234	5,196,664	0.017749	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	400,250	52,510,714	0.007622	79,509	606	62.00
64.00	06400	INTRAVENOUS THERAPY	69,313	47,806,026	0.001450	342,255	496	64.00
65.00	06500	RESPIRATORY THERAPY	575,915	53,924,657	0.010680	129,280	1,381	65.00
66.00	06600	PHYSICAL THERAPY	983,220	25,101,052	0.039170	1,652,061	64,711	66.00
67.00	06700	OCCUPATIONAL THERAPY	921,005	16,450,150	0.055988	1,571,245	87,971	67.00
68.00	06800	SPEECH PATHOLOGY	377,906	10,628,660	0.035555	571,431	20,317	68.00
69.00	06900	ELECTROCARDIOLOGY	1,257,034	94,436,876	0.013311	75,689	1,007	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	194,579	21,407,259	0.009089	6,029	55	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	218,234	116,168,647	0.001879	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	433,335	236,694,187	0.001831	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,521,493	758,937,094	0.003322	1,244,024	4,133	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	92,170	16,145,410	0.005709	138,233	789	76.00
76.01	03550	PSYCH DAY HOSPITAL	452,720	749,803	0.603785	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,075,701	263,776,786	0.026825	6,329	170	90.00
91.00	09100	EMERGENCY	3,830,337	192,037,223	0.019946	8,129	162	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	45,612,746	0.000000	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	46,201,299	3,409,791,985		7,364,479	205,306	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0119 Component CCN: 14-T119		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/12/2021 3:07 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	386,528	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	27,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	29,092	52.00
53.00	05300	ANESTHESIOLOGY		0	0	563,936	0	33,469	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	378,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	297,558	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	8,591	56.00
60.00	06000	LABORATORY		0	0	0	0	956,025	60.00
60.01	06002	LABORATORY - HLA		0	0	0	0	6,434	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	37,785	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	486,639	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	21,689	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	16,456	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	11,248	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	89,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	6,159	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	902,090	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT		0	0	0	0	17,048	76.00
76.01	03550	PSYCH DAY HOSPITAL		0	0	0	0	14,848	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	283,788	90.00
91.00	09100	EMERGENCY		0	0	0	0	65,147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH		0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	563,936	0	4,076,247	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0119 Component CCN: 14-T119		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/12/2021 3:07 pm	
				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		386,528	386,528	348,542,869	0.001109	50.00
51.00	05100	RECOVERY ROOM	0		27,436	27,436	35,184,113	0.000780	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		29,092	29,092	24,479,271	0.001188	52.00
53.00	05300	ANESTHESIOLOGY	0		597,405	597,405	114,359,431	0.005224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		378,834	378,834	350,760,083	0.001080	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		297,558	297,558	79,088,466	0.003762	55.00
56.00	05600	RADIOISOTOPE	0		8,591	8,591	16,348,393	0.000525	56.00
60.00	06000	LABORATORY	0		956,025	956,025	483,445,405	0.001978	60.00
60.01	06002	LABORATORY - HLA	0		6,434	6,434	5,196,664	0.001238	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		37,785	37,785	52,510,714	0.000720	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	47,806,026	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0		486,639	486,639	53,924,657	0.009024	65.00
66.00	06600	PHYSICAL THERAPY	0		21,689	21,689	25,101,052	0.000864	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		16,456	16,456	16,450,150	0.001000	67.00
68.00	06800	SPEECH PATHOLOGY	0		11,248	11,248	10,628,660	0.001058	68.00
69.00	06900	ELECTROCARDIOLOGY	0		89,383	89,383	94,436,876	0.000946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		6,159	6,159	21,407,259	0.000288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	116,168,647	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	236,694,187	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		902,090	902,090	758,937,094	0.001189	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0.000000	74.00
76.00	03020	RENAL DIALYSIS ADULT	0		17,048	17,048	16,145,410	0.001056	76.00
76.01	03550	PSYCH DAY HOSPITAL	0		14,848	14,848	749,803	0.019803	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		283,788	283,788	263,776,786	0.001076	90.00
91.00	09100	EMERGENCY	0		65,147	65,147	192,037,223	0.000339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	45,612,746	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0		4,640,183	4,640,183	3,409,791,985		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0119 Component CCN: 14-T119		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/12/2021 3:07 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	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	0.001109	41,991	47	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000780	6,333	5	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001188	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.005224	12,855	67	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001080	466,664	504	10,502	11	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.003762	74,999	282	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000525	3,753	2	0	0	56.00	
60.00	06000	LABORATORY	0.001978	933,670	1,847	1,088	2	60.00	
60.01	06002	LABORATORY - HLA	0.001238	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000720	79,509	57	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	342,255	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.009024	129,280	1,167	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000864	1,652,061	1,427	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.001000	1,571,245	1,571	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.001058	571,431	605	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000946	75,689	72	1,069	1	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000288	6,029	2	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	0.001189	1,244,024	1,479	9,685	12	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
76.00	03020	RENAL DIALYSIS ADULT	0.001056	138,233	146	0	0	76.00	
76.01	03550	PSYCH DAY HOSPITAL	0.019803	0	0	0	0	76.01	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.001076	6,329	7	0	0	90.00	
91.00	09100	EMERGENCY	0.000339	8,129	3	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00	
200.00		Total (lines 50 through 199)		7,364,479	9,290	22,344	26	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0119

Period:

Worksheet D

Component CCN: 14-T119

From 07/01/2019

Part V

To 06/30/2020

Date/Time Prepared:

1/12/2021 3:07 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			IRF		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)				
			1.00	2.00	3.00	4.00	5.00				
	ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.201124	0	0	0	0	0	50.00		
51.00	05100	RECOVERY ROOM	0.351677	0	0	0	0	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.533054	0	0	0	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	0.126804	0	0	0	0	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149970	10,502	0	0	1,575	54.00			
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213022	0	0	0	0	55.00			
56.00	05600	RADIOISOTOPE	0.234015	0	0	0	0	56.00			
60.00	06000	LABORATORY	0.216675	1,088	0	0	236	60.00			
60.01	06002	LABORATORY - HLA	0.452699	0	0	0	0	60.01			
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287411	0	0	0	0	62.00			
64.00	06400	INTRAVENOUS THERAPY	0.056435	0	0	0	0	64.00			
65.00	06500	RESPIRATORY THERAPY	0.323891	0	0	0	0	65.00			
66.00	06600	PHYSICAL THERAPY	0.358030	0	0	0	0	66.00			
67.00	06700	OCCUPATIONAL THERAPY	0.414242	0	0	0	0	67.00			
68.00	06800	SPEECH PATHOLOGY	0.414419	0	0	0	0	68.00			
69.00	06900	ELECTROCARDIOLOGY	0.208055	1,069	0	0	222	69.00			
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174443	0	0	0	0	70.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.356545	0	0	0	0	71.00			
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359089	0	0	0	0	72.00			
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290862	9,685	0	653	2,817	73.00			
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00			
76.00	03020	RENAL DIALYSIS ADULT	0.394339	0	0	0	0	76.00			
76.01	03550	PSYCH DAY HOSPITAL	6.796278	0	0	0	0	76.01			
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC	0.421423	0	0	0	0	90.00			
91.00	09100	EMERGENCY	0.205073	0	0	0	0	91.00			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226754	0	0	0	0	92.00			
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00			
200.00		Subtotal (see instructions)		22,344	0	653	4,850	200.00			
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00			
202.00		Net Charges (line 200 - line 201)		22,344	0	653	4,850	202.00			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0119

Period:

Worksheet D

Component CCN: 14-T119

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
1/12/2021 3:07 pm

Title XVIII

Subprovider -
IRF

PPS

	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	190		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
200.00		Subtotal (see instructions)	0	190		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	190		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		110,263	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		110,263	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.		102,099	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		682	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)		35,115	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)		35,114	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)		152,424,183	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)		152,424,183	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		227,917,136	28.00
29.00	Private room charges (excluding swing-bed charges)		226,419,780	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,497,356	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.668770	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,217.65	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,195.54	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		22.11	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		14.79	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,510,044	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		150,914,139	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)		1,382.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		48,541,923	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)		48,541,923	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
1/12/2021 3:07 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT	37,941,950	16,432	2,309.03	5,399	12,466,453
47.00	MEDICAL INTENSIVE CARE UNIT	39,522,331	18,469	2,139.93	6,389	13,672,013
47.01	PEDIATRIC INTENSIVE CARE UNIT	9,698,122	3,605	2,690.19	0	0
47.02	PREMATURE INTENSIVE CARE UNIT	27,562,905	14,440	1,908.79	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					120,347,440
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					195,027,829
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					10,019,704
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,528,947
52.00	Total Program excludable cost (sum of lines 50 and 51)					16,548,651
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					178,479,178
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					7,482
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,382.37
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,342,892

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0119		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/12/2021 3:07 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	18,314,398	152,424,183	0.120154	10,342,892	1,242,740	90.00		
91.00	Nursing School cost	5,860,937	152,424,183	0.038451	10,342,892	397,695	91.00		
92.00	Allied health cost	340,062	152,424,183	0.002231	10,342,892	23,075	92.00		
93.00	All other Medical Education	0	152,424,183	0.000000	10,342,892	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,551	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)		4,551	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)		1,152	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)		8,542,503	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)		8,542,503	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)		8,542,503	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)		1,877.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,162,373	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,162,373	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 14-S119		Date/Time Prepared: 1/12/2021 3:07 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	0	0	0.00	0	0	47.02
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					329,463	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,491,836	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)					405,274	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,347	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					434,621	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,057,215	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0119 Component CCN: 14-S119		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/12/2021 3:07 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,470,947	8,542,503	0.172192	0	0	90.00
91.00	Nursing School cost	110,021	8,542,503	0.012879	0	0	91.00
92.00	Allied health cost	20,074	8,542,503	0.002350	0	0	92.00
93.00	All other Medical Education	0	8,542,503	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,608	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,608	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		6,721	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,887	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)		3,018	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		2,413	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,222,481	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,222,481	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		18,929,340	28.00
29.00	Private room charges (excluding swing-bed charges)		14,779,827	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,149,513	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.540034	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,199.05	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,199.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.05	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.03	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		202	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,222,279	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)		1,187.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,584,056	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)		3,584,056	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 14-T119		Date/Time Prepared: 1/12/2021 3:07 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT		0	0	0.00	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT		0	0	0.00	0	47.02
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,303,300	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,887,356	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)					521,390	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					214,596	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					735,986	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,151,370	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0119 Component CCN: 14-T119		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/12/2021 3:07 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,166,659	10,222,481	0.114127	0	0	90.00
91.00	Nursing School cost	297,795	10,222,481	0.029131	0	0	91.00
92.00	Allied health cost	22,677	10,222,481	0.002218	0	0	92.00
93.00	All other Medical Education	0	10,222,481	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/12/2021 3:07 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			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		76,536,850		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		23,468,285		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		27,146,370		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.201124	74,847,524	15,053,633	50.00
51.00	05100	RECOVERY ROOM	0.351677	6,570,025	2,310,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.533054	95,220	50,757	52.00
53.00	05300	ANESTHESIOLOGY	0.126804	21,482,751	2,724,099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150085	52,682,365	7,906,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213022	1,854,967	395,149	55.00
56.00	05600	RADIOISOTOPE	0.234015	958,345	224,267	56.00
60.00	06000	LABORATORY	0.216941	68,510,057	14,862,640	60.00
60.01	06002	LABORATORY - HLA	0.452699	125,841	56,968	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.287411	11,130,231	3,198,951	62.00
64.00	06400	INTRAVENOUS THERAPY	0.056435	13,467,345	760,030	64.00
65.00	06500	RESPIRATORY THERAPY	0.323891	11,977,392	3,879,369	65.00
66.00	06600	PHYSICAL THERAPY	0.358030	4,717,539	1,689,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.414242	3,614,958	1,497,467	67.00
68.00	06800	SPEECH PATHOLOGY	0.415897	1,562,650	649,901	68.00
69.00	06900	ELECTROCARDIOLOGY	0.208179	16,101,167	3,351,925	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174443	4,914,297	857,265	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.356545	27,394,338	9,767,314	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359089	73,621,215	26,436,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290862	61,129,984	17,780,389	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.394339	6,291,599	2,481,023	76.00
76.01	03550	PSYCH DAY HOSPITAL	6.796278	190	1,291	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.421485	831,278	350,371	90.00
91.00	09100	EMERGENCY	0.205185	18,285,698	3,751,951	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.226754	1,365,937	309,732	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		483,532,913	120,347,440	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		483,532,913		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/12/2021 3:07 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040 MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120 PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000 SUBPROVIDER - IPF		2,550,568		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	0.201124	0	0	50.00
51.00	05100 RECOVERY ROOM	0.351677	93,754	32,971	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.533054	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.126804	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150085	92,803	13,928	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213022	0	0	55.00
56.00	05600 RADIOISOTOPE	0.234015	775	181	56.00
60.00	06000 LABORATORY	0.216941	283,634	61,532	60.00
60.01	06002 LABORATORY - HLA	0.452699	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.287411	204	59	62.00
64.00	06400 INTRAVENOUS THERAPY	0.056435	29,459	1,663	64.00
65.00	06500 RESPIRATORY THERAPY	0.323891	22,310	7,226	65.00
66.00	06600 PHYSICAL THERAPY	0.358030	10,295	3,686	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.414242	147,354	61,040	67.00
68.00	06800 SPEECH PATHOLOGY	0.415897	3,052	1,269	68.00
69.00	06900 ELECTROCARDIOLOGY	0.208179	36,332	7,564	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.174443	5,073	885	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.356545	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.359089	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.290862	225,940	65,717	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
76.00	03020 RENAL DIALYSIS ADULT	0.394339	0	0	76.00
76.01	03550 PSYCH DAY HOSPITAL	6.796278	197	1,339	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.421485	3,966	1,672	90.00
91.00	09100 EMERGENCY	0.205185	334,971	68,731	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.226754	0	0	92.00
93.00	04040 BEHAVIORAL HEALTH	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,290,119	329,463	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,290,119		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/12/2021 3:07 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040 MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120 PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		6,669,318		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.201124	41,991	8,445	50.00
51.00	05100 RECOVERY ROOM	0.351677	6,333	2,227	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.533054	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.126804	12,855	1,630	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150085	466,664	70,039	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213022	74,999	15,976	55.00
56.00	05600 RADIOISOTOPE	0.234015	3,753	878	56.00
60.00	06000 LABORATORY	0.216941	933,670	202,551	60.00
60.01	06002 LABORATORY - HLA	0.452699	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.287411	79,509	22,852	62.00
64.00	06400 INTRAVENOUS THERAPY	0.056435	342,255	19,315	64.00
65.00	06500 RESPIRATORY THERAPY	0.323891	129,280	41,873	65.00
66.00	06600 PHYSICAL THERAPY	0.358030	1,652,061	591,487	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.414242	1,571,245	650,876	67.00
68.00	06800 SPEECH PATHOLOGY	0.415897	571,431	237,656	68.00
69.00	06900 ELECTROCARDIOLOGY	0.208179	75,689	15,757	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.174443	6,029	1,052	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.356545	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.359089	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.290862	1,244,024	361,839	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
76.00	03020 RENAL DIALYSIS ADULT	0.394339	138,233	54,511	76.00
76.01	03550 PSYCH DAY HOSPITAL	6.796278	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.421485	6,329	2,668	90.00
91.00	09100 EMERGENCY	0.205185	8,129	1,668	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.226754	0	0	92.00
93.00	04040 BEHAVIORAL HEALTH	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,364,479	2,303,300	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		7,364,479		202.00

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

Provider CCN: 14-0119

Period:

From 07/01/2019

To 06/30/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Kidney			Hospital	PPS	
		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	160,743	1,382.37	42	58,060	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	88,957	2,309.03	6	13,854	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,139.93	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,690.19	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,908.79	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		249,700		48	71,914	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	0.201124	1,534,935	308,712	8.00
9.00	RECOVERY ROOM		51.00	0.351677	85,615	30,109	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.533054	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.126804	280,305	35,544	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.149970	1,394,328	209,107	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.213022	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.234015	1,333,573	312,076	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.216675	6,627,657	1,436,048	18.00
18.01	LABORATORY - HLA		60.01	0.452699	3,522,371	1,594,574	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.287411	167,463	48,131	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.056435	33,023	1,864	22.00
23.00	RESPIRATORY THERAPY		65.00	0.323891	50,150	16,243	23.00
24.00	PHYSICAL THERAPY		66.00	0.358030	1,337	479	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.414242	1,304	540	25.00
26.00	SPEECH PATHOLOGY		68.00	0.414419	200	83	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.208055	1,172,803	244,008	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.174443	1,215	212	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.356545	387,232	138,066	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.359089	71,888	25,814	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.290862	997,435	290,116	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS ADULT		76.00	0.394339	15,086	5,949	34.00
34.01	PSYCH DAY HOSPITAL		76.01	6.796278	0	0	34.01
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.421423	390,208	164,443	37.00
38.00	EMERGENCY		91.00	0.205073	12,354	2,533	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.226754	12,846	2,913	39.00
40.00	BEHAVIORAL HEALTH		93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8 through 40)				18,093,328	4,867,564	41.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 14-0119

Period:

Worksheet D-4

Component CCN:

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/12/2021 3:07 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	42	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	6	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			48	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	390,208	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	12,354	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	12,846	0.000000	0	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		415,408		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	4,939,478		18,343,028			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	6,446,937		6,904,282			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	11,386,415		25,247,310			61.00
62.00	Total Usable Organs (see instructions)		132				62.00
63.00	Medicare Usable Organs (see instructions)		104				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.787879				64.00
65.00	Medicare Cost/Charges (see instructions)	8,971,117		19,891,825			65.00
66.00	Revenue for Organs Sold	218,663		223,663			66.00
67.00	Subtotal (line 65 minus line 66)	8,752,454		19,668,162			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,752,454	0	19,668,162		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)		27	26			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	79			73.00
74.00	Total (sum of lines 70 through 73)		27	105			74.00
75.00	Organs Transplanted		27	70	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	26	74,524		77.00
78.00	Organs Sold to Transplant Hospitals		0	9	149,139		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	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		27	105			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: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 1/12/2021 3:07 pm	
				Liver		Hospital	PPS
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	56,076	1,382.37	21	29,030	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	71,066	2,309.03	6	13,854	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,139.93	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,690.19	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,908.79	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		127,142		27	42,884	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	0.201124	452,905	91,090	8.00
9.00	RECOVERY ROOM		51.00	0.351677	9,919	3,488	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.533054	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.126804	44,824	5,684	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.149970	312,580	46,878	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.213022	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.234015	23,855	5,582	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.216675	989,737	214,451	18.00
18.01	LABORATORY - HLA		60.01	0.452699	23,159	10,484	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.287411	69,127	19,868	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.056435	32,798	1,851	22.00
23.00	RESPIRATORY THERAPY		65.00	0.323891	39,681	12,852	23.00
24.00	PHYSICAL THERAPY		66.00	0.358030	968	347	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.414242	1,304	540	25.00
26.00	SPEECH PATHOLOGY		68.00	0.414419	409	169	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.208055	190,972	39,733	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.174443	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.356545	31,211	11,128	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.359089	14,005	5,029	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.290862	168,315	48,956	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS ADULT		76.00	0.394339	11,121	4,385	34.00
34.01	PSYCH DAY HOSPITAL		76.01	6.796278	0	0	34.01
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.421423	51,799	21,829	37.00
38.00	EMERGENCY		91.00	0.205073	6,254	1,283	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.226754	17,022	3,860	39.00
40.00	BEHAVIORAL HEALTH		93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8 through 40)				2,491,965	549,487	41.00

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

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

Provider CCN: 14-0119

Period:

Worksheet D-4

Component CCN:

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/12/2021 3:07 pm

		Liver		Hospital	PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	21	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	6	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			27	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	51,799	0.000000	0	51.00
52.00	EMERGENCY	24.00	6,254	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	17,022	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		75,075		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	592,371		2,619,107		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)	3,424,170		3,678,811		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)	4,016,541		6,297,918		61.00
62.00	Total Usable Organs (see instructions)		56			62.00
63.00	Medicare Usable Organs (see instructions)		24			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.428571			64.00
65.00	Medicare Cost/Charges (see instructions)	1,721,373		2,699,105		65.00
66.00	Revenue for Organs Sold	42,626		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,678,747		2,699,105		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,678,747	0	2,699,105	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	13		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	43		73.00
74.00	Total (sum of lines 70 through 73)		0	56		74.00
75.00	Organs Transplanted		0	43	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	13	42,262	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	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	56		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: 14-0119

Period:

From 07/01/2019

To 06/30/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
1/12/2021 3:07 pm

		Pancreas		Hospital	PPS		
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,425	1,382.37	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,946	2,309.03	0	0	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,139.93	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,690.19	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,908.79	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		7,371		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	0.201124	41,468	8,340	8.00
9.00	RECOVERY ROOM		51.00	0.351677	720	253	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.533054	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.126804	7,138	905	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.149970	34,691	5,203	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.213022	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.234015	33,282	7,788	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.216675	210,154	45,535	18.00
18.01	LABORATORY - HLA		60.01	0.452699	112,752	51,043	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.287411	3,910	1,124	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.056435	979	55	22.00
23.00	RESPIRATORY THERAPY		65.00	0.323891	2,940	952	23.00
24.00	PHYSICAL THERAPY		66.00	0.358030	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.414242	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.414419	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.208055	107,403	22,346	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.174443	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.356545	10,851	3,869	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.359089	6,705	2,408	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.290862	36,388	10,584	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS ADULT		76.00	0.394339	0	0	34.00
34.01	PSYCH DAY HOSPITAL		76.01	6.796278	0	0	34.01
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.421423	13,452	5,669	37.00
38.00	EMERGENCY		91.00	0.205073	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.226754	2,088	473	39.00
40.00	BEHAVIORAL HEALTH		93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8 through 40)				624,921	166,547	41.00

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

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

Provider CCN: 14-0119

Period:

Worksheet D-4

Component CCN:

From 07/01/2019

To 06/30/2020

Date/Time Prepared:
1/12/2021 3:07 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	13,452	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	2,088	0.000000	0	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		15,540		0	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	166,547		632,292			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)	477,586		513,566			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)	644,133		1,145,858			61.00
62.00	Total Usable Organs (see instructions)		12				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)		0.833333				64.00
65.00	Medicare Cost/Charges (see instructions)	536,777		954,881			65.00
66.00	Revenue for Organs Sold	6,429		0			66.00
67.00	Subtotal (line 65 minus line 66)	530,348		954,881			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	530,348	0	954,881		0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	9			73.00
74.00	Total (sum of lines 70 through 73)		0	12			74.00
75.00	Organs Transplanted		0	9	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	3	6,429		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	12			84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	29,137,424		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	87,412,272		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)	5,251,262		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	0		2.04
3.00	Managed Care Simulated Payments	28,080,697		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	565.59		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)	505.59		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)	17.61		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	100.00		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)	587.98		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	589.56		10.00
11.00	FTE count for residents in dental and podiatric programs.	2.44		11.00
12.00	Current year allowable FTE (see instructions)	590.42		12.00
13.00	Total allowable FTE count for the prior year.	556.37		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.	537.78		14.00
15.00	Sum of lines 12 through 14 divided by 3.	561.52		15.00
16.00	Adjustment for residents in initial years of the program	3.17		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	564.69		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.998409		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.989986		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.989986		21.00
22.00	IME payment adjustment (see instructions)	50,569,748		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	12,183,934		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	1.58		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	50,569,748		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	12,183,934		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	8.75		30.00
31.00	Percentage of Medicaid patient days (see instructions)	31.10		31.00
32.00	Sum of lines 30 and 31	39.85		32.00
33.00	Allowable disproportionate share percentage (see instructions)	22.09		33.00
34.00	Disproportionate share adjustment (see instructions)	6,436,457		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,765,504	7,687,434	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,209,389	5,755,074	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,964,463		
40.00	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	11,490	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	1,049	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	186,771,626		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		198,955,560	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		13,708,975	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		10,354,009	
53.00	Nursing and Allied Health Managed Care payment		257,167	
54.00	Special add-on payments for new technologies		45,389	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		10,961,549	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		2,036,553	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		641,632	
59.00	Total (sum of amounts on lines 49 through 58)		236,960,834	
60.00	Primary payer payments		66,106	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		236,894,728	
62.00	Deductibles billed to program beneficiaries		7,645,152	
63.00	Coinsurance billed to program beneficiaries		652,971	
64.00	Allowable bad debts (see instructions)		3,164,185	
65.00	Adjusted reimbursable bad debts (see instructions)		2,056,720	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,699,563	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		230,653,325	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	MSP PASSTHROUGH RECONCILIATION		726	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		87,048	
70.94	HRR adjustment amount (see instructions)		-1,048,446	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/12/2021 3:07 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		229,692,653	71.00	
71.01	Sequestration adjustment (see instructions)		3,835,867	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		235,688,395	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-9,831,609	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		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	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		348,800	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		135,499,769	2.00
3.00	OPPS payments		102,763,088	3.00
4.00	Outlier payment (see instructions)		743,683	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		743,181	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		348,800	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,094,268	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,094,268	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,094,268	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		745,468	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)		348,800	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		104,249,952	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		89,476	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		16,784,140	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		87,725,136	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,597,045	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)		94,322,181	30.00
31.00	Primary payer payments		54,047	31.00
32.00	Subtotal (line 30 minus line 31)		94,268,134	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		5,318,297	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		3,456,893	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,129,657	36.00
37.00	Subtotal (see instructions)		97,725,027	37.00
38.00	MSP-LCC reconciliation amount from PS&R		3,733	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		97,721,294	40.00
40.01	Sequestration adjustment (see instructions)		1,631,946	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		94,210,380	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		1,878,968	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0119 Component CCN:14-S119	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		28	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		66	2.00
3.00	OPPS payments		96	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		28	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		96	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)		96	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)		96	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		68	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)		28	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)		96	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11	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)		113	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		113	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		113	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		113	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		113	40.00
40.01	Sequestration adjustment (see instructions)		2	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		123	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)		-12	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		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/12/2021 3:07 pm
		Component CCN: 14-T119		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		190	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,824	2.00
3.00	OPPS payments		1,600	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		26	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		190	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		653	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)		653	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)		653	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		463	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)		190	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)		1,626	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		281	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)		1,535	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,535	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,535	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,535	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,535	40.00
40.01	Sequestration adjustment (see instructions)		26	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		1,478	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		31	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
1/12/2021 3:07 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		232,896,493		93,760,928	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	02/21/2020	2,791,902	02/21/2020	449,452	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)		2,791,902		449,452	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)		235,688,395		94,210,380	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		1,878,968	6.01	
6.02	SETTLEMENT TO PROGRAM		9,831,609		0	6.02	
7.00	Total Medicare program liability (see instructions)		225,856,786		96,089,348	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0119

Period:

Worksheet E-1

Component CCN: 14-S119

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		1,012,578		123	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	02/21/2020	18,261		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)		18,261		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)		1,030,839		123	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		104,984		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		12	6.02
7.00	Total Medicare program liability (see instructions)		1,135,823		111	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0119

Period:

Worksheet E-1

Component CCN: 14-T119

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/12/2021 3:07 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		6,260,628		1,478	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	02/21/2020	300,306		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)		300,306		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)		6,560,934		1,478	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		107,290		31	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,668,224		1,509	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
1/12/2021 3:07 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,058,015	1.00
2.00	Net IPF PPS Outlier Payments		1,762	2.00
3.00	Net IPF PPS ECT Payments		25,850	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		11.57	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		4.75	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 instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		4.75	8.00
9.00	Average Daily Census (see instructions)		12.434426	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.181306	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		191,824	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,277,451	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)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,277,451	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,277,451	18.00
19.00	Deductibles		101,200	19.00
20.00	Subtotal (line 18 minus line 19)		1,176,251	20.00
21.00	Coinsurance		55,594	21.00
22.00	Subtotal (line 20 minus line 21)		1,120,657	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,120,657	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		34,456	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)		1,155,113	31.00
31.01	Sequestration adjustment (see instructions)		19,290	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,030,839	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)		104,984	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		1,762	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,469,997 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0758 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			569,427 3.00
4.00	Outlier Payments			2,003 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5.11 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			3.03 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)			3.03 9.00
10.00	Average Daily Census (see instructions)			23.519126 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.131063 11.00
12.00	Teaching Adjustment (see instructions)			716,914 12.00
13.00	Total PPS Payment (see instructions)			6,758,341 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)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,758,341 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,758,341 19.00
20.00	Deductibles			24,728 20.00
21.00	Subtotal (line 19 minus line 20)			6,733,613 21.00
22.00	Coinsurance			73,788 22.00
23.00	Subtotal (line 21 minus line 22)			6,659,825 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)			6,659,825 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)			121,650 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)			6,781,475 32.00
32.01	Sequestration adjustment (see instructions)			113,251 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,560,934 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)			107,290 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			2,003 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 1/12/2021 3:07 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			440.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			60.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			495.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			612.39	6.00
7.00	Enter the lesser of line 5 or line 6			495.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	177.32	371.49	548.81	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.	143.49	300.61	444.10	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.34		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	143.49	303.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	152.73	293.97		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	162.96	270.32		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	153.06	289.41		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	2.31		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	3.17		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	153.06	291.72		17.00
18.00	Per resident amount	103,490.17	103,490.17		18.00
19.00	Approved amount for resident costs	15,840,205	30,190,152	46,030,357	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			116.84	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			46,030,357	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total
		1.00	2.00	2.01	3.00
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	51,073	6,208	6,207	26.00
27.00	Total Inpatient Days (see instructions)	170,041	170,041	170,041	27.00
28.00	Ratio of inpatient days to total inpatient days	0.300357	0.036509	0.036503	28.00
29.00	Program direct GME amount	13,825,540	1,680,522	1,680,246	17,186,308
29.01	Percent reduction for MA DGME		7.00	7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		117,637	117,617	235,254
31.00	Net Program direct GME amount				16,951,054

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	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)		203,407,021	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		10,961,549	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		66,106	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		214,302,464	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		136,596,884	42.00
43.00	Primary payer payments (see instructions)		54,047	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		136,542,837	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		350,845,301	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.610818	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.389182	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		16,951,054	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,354,009	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,597,045	50.00

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

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
1/12/2021 3:07 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	482,891,596	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	566,098,545	0	0	0	4.00
5.00	Other receivable	67,455,322	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-293,107,914	0	0	0	6.00
7.00	Inventory	35,747,354	0	0	0	7.00
8.00	Prepaid expenses	21,405,685	0	0	0	8.00
9.00	Other current assets	17,514,000	0	0	0	9.00
10.00	Due from other funds	-195,848,492	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	702,156,096	0	0	0	11.00
FIXED ASSETS						
12.00	Land	55,090,445	0	0	0	12.00
13.00	Land improvements	2,697,401	0	0	0	13.00
14.00	Accumulated depreciation	-2,204,928	0	0	0	14.00
15.00	Buildings	1,651,569,379	0	0	0	15.00
16.00	Accumulated depreciation	-810,103,794	0	0	0	16.00
17.00	Leasehold improvements	75,378,239	0	0	0	17.00
18.00	Accumulated depreciation	-46,564,335	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	647,142,742	0	0	0	23.00
24.00	Accumulated depreciation	-518,569,759	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)	1,054,435,390	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,369,407,506	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	392,239,965	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,761,647,471	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,518,238,957	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	42,153,607	0	0	0	37.00
38.00	Salaries, wages, and fees payable	163,729,243	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,160,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	134,140,029	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	504,392,743	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	852,575,622	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	772,725,891	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	465,322,510	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,238,048,401	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,090,624,023	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,427,614,934	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,427,614,934	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,518,238,957	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
1/12/2021 3:07 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,575,768,915		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-46,914,276				2.00
3.00	Total (sum of line 1 and line 2)		1,528,854,639		0		3.00
4.00	NON-OPERATING INCOME	33,118,638		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		33,118,638		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,561,973,277		0		11.00
12.00	NON-OPERATING EXPENSES	134,358,343		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		134,358,343		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,427,614,934		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	NON-OPERATING INCOME		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NON-OPERATING EXPENSES		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
1/12/2021 3:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	277,974,266		277,974,266	1.00
2.00	SUBPROVIDER - IPF	10,009,040		10,009,040	2.00
3.00	SUBPROVIDER - IRF	18,930,003		18,930,003	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)	306,913,309		306,913,309	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	59,315,695		59,315,695	14.00
15.00	MEDICAL INTENSIVE CARE UNIT	16,264,301		16,264,301	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	77,205,048		77,205,048	15.01
15.02	PREMATURE INTENSIVE CARE UNIT	77,311,402		77,311,402	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	230,096,446		230,096,446	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	537,009,755		537,009,755	17.00
18.00	Ancillary services	1,456,808,553	1,451,156,041	2,907,964,594	18.00
19.00	Outpatient services	56,543,585	399,668,768	456,212,353	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER PATIENT REVENUE	15,763,480	652,004,739	667,768,219	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,066,125,373	2,502,829,548	4,568,954,921	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,264,144,283		29.00
30.00	ADD (SPECIFY)	0			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)		0		36.00
37.00	DEDUCT (SPECIFY)	0			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)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,264,144,283		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0119

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
1/12/2021 3:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,568,954,921	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,835,206,591	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,733,748,330	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,264,144,283	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-530,395,953	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	113,231,770	6.00
7.00	Income from investments	1,249,195	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	10,154,472	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,355,066	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	7,070,258	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	80,551,110	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	15,289	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	18,060,859	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	175,288,669	24.00
24.50	COVID-19 PHE Funding	74,504,989	24.50
25.00	Total other income (sum of lines 6-24)	483,481,677	25.00
26.00	Total (line 5 plus line 25)	-46,914,276	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)	-46,914,276	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0119	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 1/12/2021 3:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,281,046	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		248,674	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)		428.64	3.00
4.00	Number of interns & residents (see instructions)		564.69	4.00
5.00	Indirect medical education percentage (see instructions)		45.03	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)		4,179,255	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		13,708,975	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