

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED  
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet S Parts I-III Date/Time Prepared: 2/28/2016 9:05 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/28/2016	Time: 9:05 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT FRANCIS MEDICAL CENTER ( 140067 ) for the cost reporting period beginning 10/01/2014 and ending 09/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	930,366	-94,700	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	134,741	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	1,065,107	-94,700	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: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/28/2016 8:03 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 530 NE GLEN OAK AVENUE			PO Box:				1.00				
2.00	City: PEORIA			State: IL		Zip Code: 61637		County: PEORIA			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		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		SAINT FRANCIS MEDICAL CENTER		140067	37900	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		SAINT FRANCIS REHABILITATION UNIT		14T067	37900	5	10/01/1983	0	P	0	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)						10/01/2014		09/30/2015		20.00	
21.00	Type of Control (see instructions)								3		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.			24,736	9,277	51	143	18,601	495		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.			1,169	284	10	6	346			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/28/2016 8:03 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
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)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		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		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			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)		0.00	0.00			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)		0.00	0.00			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).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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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		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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	
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
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 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	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. 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)			1.62	83.71	0.018985	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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	6.04	31.91	0.159157	65.00
65.01		MEDI CI NE-PEDI ATRI CS	1450	8.79	29.51	0.229504	65.01
65.02		PEDI ATRI CS	2000	4.90	18.84	0.206403	65.02

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		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)	1.92	98.03	0.019210		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	7.58	34.76	0.179027	
67.01		MEDICINE-PEDIATRICS	1450	12.44	30.10	0.292431	
67.02		PEDIATRICS	2000	4.25	24.04	0.150230	
				1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0	76.00
				1.00			
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	

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		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				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.		N	N	109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	13,165,469	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	01/01/1980			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/28/2016 8:03 pm	
		1.00	2.00				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			01/01/1980			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (See instructions)			Y		149006	140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS		Contractor's Number: 06101			141.00
142.00	Street: 800 NE GLEN OAK AVE	PO Box:					142.00
143.00	City: CITY: PEORIA	State: IL		Zip Code: 61603			143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y		N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N			146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
				Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							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.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/28/2016 8:03 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	
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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00
			N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/28/2016 8:03 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2016	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.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/23/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/30/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part II Date/Time Prepared: 2/28/2016 8:03 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					21.00
						1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>							
<b>Capital Related Cost</b>							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						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.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
<b>Interest Expense</b>							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						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						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
<b>Purchased Services</b>							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						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.						33.00
<b>Provider-Based Physicians</b>							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						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.						35.00
						Y/N	Date
						1.00	2.00
<b>Home Office Costs</b>							
36.00	Were home office costs claimed on the cost report?						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.						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.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
<b>Cost Report Preparer Contact Information</b>							
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.	KEVIN		WELLEN			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.	309-231-5544		KWELLEN@BKD.COM			43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
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)	12/23/2015		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)	09/30/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
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: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2016 8:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	515	187,975	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		515	187,975	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	40	14,600	0.00	0	8.01
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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		622	227,030	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,490		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		648				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2016 8:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	43,560	20,548	138,944			1.00
2.00 HMO and other (see instructions)	17,962	28,072				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	662	646				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)	43,560	20,548	138,944			7.00
8.00 INTENSIVE CARE UNIT	7,908	2,731	18,443			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	1,457	9,844			8.01
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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	51,468	24,736	167,231	181.17	5,279.25	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,529	1,169	8,144	2.62	49.41	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				183.79	5,328.66	27.00
28.00 Observation Bed Days		3,819	10,578			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	495	1,120			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2016 8:03 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
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,734	8,675	33,130	1.00
2.00	HMO and other (see instructions)			3,311	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,734	8,675	33,130	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	237	0	513	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						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet S-3 Part II Date/Time Prepared: 2/28/2016 8:03 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	351,650,292	-200,493	351,449,799	10,958,082.00	32.07	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		4,378,148	0	4,378,148	24,635.00	177.72	4.00
4.01	Physicians - Part A - Teaching		9,244,166	0	9,244,166	75,791.00	121.97	4.01
5.00	Physician-Part B		21,208,101	0	21,208,101	100,682.00	210.64	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	12,686,190	0	12,686,190	464,318.00	27.32	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		61,010,512	3,654,364	64,664,876	1,002,839.00	64.48	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		3,615,417	0	3,615,417	51,303.00	70.47	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		3,187,434	0	3,187,434	9,771.00	326.21	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		74,849,103	0	74,849,103	1,378,150.00	54.31	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		78,238,881	0	78,238,881			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		13,826,332	0	13,826,332			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		726,103	0	726,103			22.00
22.01	Physician Part A - Teaching		1,648,554	0	1,648,554			22.01
23.00	Physician Part B		3,426,922	0	3,426,922			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		4,011,241	0	4,011,241			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	3,637,410	-1,492	3,635,918	81,734.00	44.48	26.00
27.00	Administrative & General	5.00	17,826,833	0	17,826,833	463,896.00	38.43	27.00
28.00	Administrative & General under contract (see inst.)		215,290	0	215,290	1,104.00	195.01	28.00
29.00	Maintenance & Repairs	6.00	5,430,131	-6,675	5,423,456	181,197.00	29.93	29.00
30.00	Operation of Plant	7.00	2,444,378	0	2,444,378	75,631.00	32.32	30.00
31.00	Laundry & Linen Service	8.00	234,575	0	234,575	15,550.00	15.09	31.00
32.00	Housekeeping	9.00	5,716,642	-35,039	5,681,603	475,865.00	11.94	32.00
33.00	Housekeeping under contract (see instructions)		319,059	0	319,059	19,277.00	16.55	33.00
34.00	Dietary	10.00	5,151,312	-1,767,017	3,384,295	230,880.00	14.66	34.00
35.00	Dietary under contract (see instructions)		386,368	0	386,368	22,247.00	17.37	35.00
36.00	Cafeteria	11.00	0	1,600,834	1,600,834	109,199.00	14.66	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	9,908,953	465,948	10,374,901	415,634.00	24.96	38.00
39.00	Central Services and Supply	14.00	3,430,456	0	3,430,456	208,745.00	16.43	39.00
40.00	Pharmacy	15.00	11,543,353	0	11,543,353	279,902.00	41.24	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/28/2016 8:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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		
41.00	Medical Records & Medical Records Library	16.00	3,697,968	0	3,697,968	168,286.00	21.97	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	241	0	241	8.00	30.13	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/28/2016 8:03 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	309,432,552	-200,493	309,232,059	10,359,919.00	29.85	1.00
2.00	Excluded area salaries (see instructions)	61,010,512	3,654,364	64,664,876	1,002,839.00	64.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	248,422,040	-3,854,857	244,567,183	9,357,080.00	26.14	3.00
4.00	Subtotal other wages & related costs (see inst.)	81,651,954	0	81,651,954	1,439,224.00	56.73	4.00
5.00	Subtotal wage-related costs (see inst.)	78,964,984	0	78,964,984	0.00	32.29	5.00
6.00	Total (sum of lines 3 thru 5)	409,038,978	-3,854,857	405,184,121	10,796,304.00	37.53	6.00
7.00	Total overhead cost (see instructions)	69,942,969	256,559	70,199,528	2,749,155.00	25.53	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2016 8:03 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		21,618,083	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,838,031	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		50,292,846	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		53,924	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)		276,845	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,458,593	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		23,180,579	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		101,923	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
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		1,057,209	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>101,878,033</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part V Date/Time Prepared: 2/28/2016 8:03 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 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: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet S-10 Date/Time Prepared: 2/28/2016 8:03 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.170409	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		147,313,890		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		824,447,225		6.00	
7.00	Medicaid cost (line 1 times line 6)		140,493,227		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)		0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		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	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	25,349,110	67,448,291	92,797,401	20.00	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,319,716	11,493,796	15,813,512	21.00	
22.00	Partial payment by patients approved for charity care	404,472	538,481	942,953	22.00	
23.00	Cost of charity care (line 21 minus line 22)	3,915,244	10,955,315	14,870,559	23.00	
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			18,348,028	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,427,030	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			16,920,998	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,883,490	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			17,754,049	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,754,049	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet A	
Date/Time Prepared: 2/28/2016 8:03 pm							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		16,599,437	16,599,437	2,739,475	19,338,912	1.00
2.00	00200		26,340,256	26,340,256	720,256	27,060,512	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	3,637,410	108,122,840	111,760,250	12,376,711	124,136,961	4.00
5.01	00560	913,174	1,875,380	2,788,554	0	2,788,554	5.01
5.02	00570	0	0	0	0	0	5.02
5.03	00540	263,966	55,233	319,199	0	319,199	5.03
5.04	00550	0	1,285	1,285	0	1,285	5.04
5.05	00590	16,649,693	138,349,794	154,999,487	-2,048,284	152,951,203	5.05
6.00	00600	5,430,131	16,161,214	21,591,345	-6,675	21,584,670	6.00
7.00	00700	2,444,378	9,681,185	12,125,563	-1,162,992	10,962,571	7.00
8.00	00800	234,575	502,701	737,276	0	737,276	8.00
9.00	00900	5,716,642	2,761,339	8,477,981	124,301	8,602,282	9.00
10.00	01000	5,151,312	1,980,120	7,131,432	-2,445,720	4,685,712	10.00
11.00	01100	0	0	0	2,216,181	2,216,181	11.00
13.00	01300	9,908,953	5,927,303	15,836,256	538,738	16,374,994	13.00
14.00	01400	3,430,456	8,001,819	11,432,275	-4,639,012	6,793,263	14.00
15.00	01500	11,543,353	33,758,858	45,302,211	-30,993,111	14,309,100	15.00
16.00	01600	3,697,968	1,275,381	4,973,349	0	4,973,349	16.00
18.00	01850	241	1,190,347	1,190,588	0	1,190,588	18.00
20.00	02000	4,747,262	741,610	5,488,872	-571,149	4,917,723	20.00
21.00	02100	12,686,190	1,477,733	14,163,923	0	14,163,923	21.00
22.00	02200	9,244,166	13,992,050	23,236,216	-3,877,013	19,359,203	22.00
23.00	02300	408,901	24,081	432,982	-12,271	420,711	23.00
23.01	02301	125,755	6,915	132,670	0	132,670	23.01
23.02	02302	84,665	10,628	95,293	-2,770	92,523	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	56,801,707	9,776,741	66,578,448	-21,809	66,556,639	30.00
31.00	03100	14,760,937	5,411,815	20,172,752	-418	20,172,334	31.00
31.01	02060	7,816,121	846,182	8,662,303	-9,300	8,653,003	31.01
41.00	04100	2,482,520	484,833	2,967,353	0	2,967,353	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	14,792,286	44,618,297	59,410,583	-36,101,227	23,309,356	50.00
51.00	05100	2,415,468	190,630	2,606,098	0	2,606,098	51.00
52.00	05200	3,631,302	720,668	4,351,970	-1,568	4,350,402	52.00
53.00	05300	446,300	1,587,557	2,033,857	-69,405	1,964,452	53.00
54.00	05400	17,073,047	13,909,660	30,982,707	-6,322,049	24,660,658	54.00
57.00	05700	1,887,759	2,877,771	4,765,530	-367,995	4,397,535	57.00
58.00	05800	2,100,307	2,586,661	4,686,968	-110,143	4,576,825	58.00
59.00	05900	1,930,948	14,513,339	16,444,287	-13,814,583	2,629,704	59.00
60.00	06000	10,336,577	14,391,135	24,727,712	-73,526	24,654,186	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	703,202	5,184,191	5,887,393	0	5,887,393	63.00
64.00	06400	802,878	380,215	1,183,093	-41,824	1,141,269	64.00
65.00	06500	6,080,271	3,453,423	9,533,694	-1,213,937	8,319,757	65.00
66.00	06600	8,534,942	913,455	9,448,397	0	9,448,397	66.00
68.00	06800	615,893	198,373	814,266	0	814,266	68.00
69.00	06900	2,767,791	140,201	2,907,992	0	2,907,992	69.00
70.00	07000	691,582	45,474	737,056	0	737,056	70.00
71.00	07100	0	0	0	30,224,845	30,224,845	71.00
72.00	07200	0	0	0	35,407,446	35,407,446	72.00
73.00	07300	0	0	0	29,849,092	29,849,092	73.00
74.00	07400	135,636	2,075,204	2,210,840	0	2,210,840	74.00
76.00	03950	1,848,144	2,595,561	4,443,705	-1,423,804	3,019,901	76.00
76.01	03951	348,112	14,764	362,876	0	362,876	76.01
76.02	03952	737,266	100,562	837,828	0	837,828	76.02
76.03	03953	471,853	316,140	787,993	-23,369	764,624	76.03
76.04	03550	1,126,861	93,201	1,220,062	0	1,220,062	76.04
76.05	03954	1,391,045	705,072	2,096,117	0	2,096,117	76.05
76.07	03640	7,314	502	7,816	0	7,816	76.07
76.08	03956	2,654,856	728,384	3,383,240	0	3,383,240	76.08
76.09	03957	907,198	568,367	1,475,565	-6,257	1,469,308	76.09
76.10	03958	1,817,695	835,917	2,653,612	0	2,653,612	76.10
76.97	07697	550,092	44,353	594,445	0	594,445	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	166,200	166,200	0	166,200	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	67,174	114,363	181,537	-2,300	179,237	90.01
90.02	09002	0	12,028	12,028	0	12,028	90.02
90.04	09004	813,641	112,400	926,041	-59,244	866,797	90.04
90.05	09005	702,932	-591,788	111,144	0	111,144	90.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.06	09006	SPECIAL CLINICS	475,849	947,491	1,423,340	505	1,423,845	90.06
90.07	09007	PALLIATIVE CARE CLINIC	1,237,978	595,871	1,833,849	0	1,833,849	90.07
91.00	09100	EMERGENCY	28,848,963	1,554,295	30,403,258	-240,246	30,163,012	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,355,245	63,160	1,418,405	0	1,418,405	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	31,256	2,868	34,124	0	34,124	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	703,155	2,132,712	2,835,867	-388,413	2,447,454	105.00
109.00	10900	PANCREAS ACQUISITION	104,353	55,229	159,582	-51,322	108,260	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	299,327,647	524,310,986	823,638,633	8,095,814	831,734,447	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	-8,009	-8,009	41,714	33,705	194.00
194.01	07951	BRADLEY HEALTH SVC	444,940	43,089	488,029	0	488,029	194.01
194.02	07952	COMMUNITY CLINIC	217,748	55,388	273,136	0	273,136	194.02
194.03	07953	FUND RAISING	886,151	4,917,874	5,804,025	0	5,804,025	194.03
194.04	07954	OUTREACH PHYSICIAN	43,016,893	63,863,180	106,880,073	-8,016,541	98,863,532	194.04
194.05	07955	PHYSICIAN CONTRACT	97,067	1,789,287	1,886,354	0	1,886,354	194.05
194.07	07957	RESEARCH, WELLNESS, WC	1,721,369	617,882	2,339,251	229,539	2,568,790	194.07
194.08	07958	INDUSTRIAL REHAB	1,778,367	-490,309	1,288,058	0	1,288,058	194.08
194.10	07960	IN-SCHOOL CLINIC	280,134	-337,422	-57,288	0	-57,288	194.10
194.11	07961	REGIONAL ACTIVITIES	34,541	5,490	40,031	0	40,031	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	3,423,012	8,092,698	11,515,710	-350,526	11,165,184	194.13
194.14	07964	MARKETING	422,423	995,495	1,417,918	0	1,417,918	194.14
200.00		TOTAL (SUM OF LINES 118-199)	351,650,292	603,855,629	955,505,921	0	955,505,921	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,683,854	22,022,766	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,852,204	28,912,716	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,165,986	117,970,975	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	-187,168	2,601,386	5.01
5.02	00570	ADMITTING	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	-78	319,121	5.03
5.04	00550	BUSINESS OFFICE	0	1,285	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-43,564,099	109,387,104	5.05
6.00	00600	MAINTENANCE & REPAIRS	-1,314,602	20,270,068	6.00
7.00	00700	OPERATION OF PLANT	0	10,962,571	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	737,276	8.00
9.00	00900	HOUSEKEEPING	-1,000	8,601,282	9.00
10.00	01000	DIETARY	-809,944	3,875,768	10.00
11.00	01100	CAFETERIA	0	2,216,181	11.00
13.00	01300	NURSING ADMINISTRATION	-783,693	15,591,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-21	6,793,242	14.00
15.00	01500	PHARMACY	-267,994	14,041,106	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-539,921	4,433,428	16.00
18.00	01850	PARKING	-64,140	1,126,448	18.00
20.00	02000	NURSING SCHOOL	-4,917,723	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	14,163,923	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-82,720	19,276,483	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-41,886	378,825	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	-38,250	94,420	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	-5,115	87,408	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-893,974	65,662,665	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,208,661	18,963,673	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-140,012	8,512,991	31.01
41.00	04100	SUBPROVIDER - I RF	-410	2,966,943	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-507,982	22,801,374	50.00
51.00	05100	RECOVERY ROOM	0	2,606,098	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,521	4,347,881	52.00
53.00	05300	ANESTHESIOLOGY	-12,605	1,951,847	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,590,140	22,070,518	54.00
57.00	05700	CT SCAN	-1,733	4,395,802	57.00
58.00	05800	MRI	-127,977	4,448,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	-231,436	2,398,268	59.00
60.00	06000	LABORATORY	-1,135,837	23,518,349	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,887,393	63.00
64.00	06400	INTRAVENOUS THERAPY	-27,148	1,114,121	64.00
65.00	06500	RESPIRATORY THERAPY	-127,462	8,192,295	65.00
66.00	06600	PHYSICAL THERAPY	-866,247	8,582,150	66.00
68.00	06800	SPEECH PATHOLOGY	-61	814,205	68.00
69.00	06900	ELECTROCARDIOLOGY	-692,968	2,215,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	737,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	30,224,845	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	35,407,446	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,768,055	26,081,037	73.00
74.00	07400	RENAL DIALYSIS	0	2,210,840	74.00
76.00	03950	DIGESTIVE DISEASES	0	3,019,901	76.00
76.01	03951	ENTEROSTOMAL	0	362,876	76.01
76.02	03952	DIABETIC SERVICE	-162,870	674,958	76.02
76.03	03953	WOUND CARE	-3,272	761,352	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-488,815	731,247	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	-889,472	1,206,645	76.05
76.07	03640	UROLOGY	0	7,816	76.07
76.08	03956	SLEEP DISORDERS	-983,538	2,399,702	76.08
76.09	03957	PAIN PROGRAM	-525,375	943,933	76.09
76.10	03958	COMP EPILEPSY	-1,394,198	1,259,414	76.10
76.97	07697	CARDIAC REHABILITATION	-104,970	489,475	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	166,200	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001	VOICE CLINIC	-23,261	155,976	90.01
90.02	09002	LUNG CLINIC	-975	11,053	90.02
90.04	09004	ST JUDE CLINIC	-883,813	-17,016	90.04
90.05	09005	SISTERS CLINIC	0	111,144	90.05
90.06	09006	SPECIAL CLINICS	-892,821	531,024	90.06
90.07	09007	PALLIATIVE CARE CLINIC	-323,019	1,510,830	90.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY	-18,068,801	12,094,211	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-57,622	1,360,783	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-12,410	21,714	95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-134,559	2,312,895	105.00
109.00	10900	PANCREAS ACQUISITION	-9,039	99,221	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-91,542,341	740,192,106	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	SISTERS CONVENT	0	33,705	194.00
194.01	07951	BRADLEY HEALTH SVC	0	488,029	194.01
194.02	07952	COMMUNITY CLINIC	1,025	274,161	194.02
194.03	07953	FUND RAISING	0	5,804,025	194.03
194.04	07954	OUTREACH PHYSICIAN	-649,461	98,214,071	194.04
194.05	07955	PHYSICIAN CONTRACT	0	1,886,354	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	2,568,790	194.07
194.08	07958	INDUSTRIAL REHAB	0	1,288,058	194.08
194.10	07960	IN-SCHOOL CLINIC	0	-57,288	194.10
194.11	07961	REGIONAL ACTIVITIES	0	40,031	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	194.12
194.13	07963	CFH - ASC LLC	0	11,165,184	194.13
194.14	07964	MARKETING	0	1,417,918	194.14
200.00		TOTAL (SUM OF LINES 118-199)	-92,190,777	863,315,144	200.00

RECLASSIFICATIONS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-6  
Date/Time Prepared:  
2/28/2016 8:03 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - CONVENT NON-ALLOW COST</b>						
1.00	SISTERS CONVENT	194.00	41,714	0	1.00	
2.00		0.00	0	0	2.00	
	O		41,714	0		
<b>B - PATHOLOGIST XVIII CLINICA</b>						
1.00	I&R SERVICES-OTHER PRGM	22.00	53,744	0	1.00	
	COSTS APPRV					
	O		53,744	0		
<b>C - COST OF MEDICAL SUPP SOLD</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,224,845	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	
	O		0	30,224,845		
<b>D - COST OF IMPLANT DEVICE SOLD</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	35,407,903	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	457	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	
	O		0	35,408,360		
<b>E - COST OF DRUGS CHARGED PTS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,852,797	1.00	
2.00	CT SCAN	57.00	0	3,705	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	
	O		0	29,856,502		
<b>F - RECLASS STD</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,492	1.00	
2.00	DIETARY	10.00	0	378	2.00	
3.00	NURSING SCHOOL	20.00	0	144	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	125,611	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	32,134	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	3,672	6.00	
7.00	SUBPROVIDER - IRF	41.00	0	14,905	7.00	
8.00	OPERATING ROOM	50.00	0	3,573	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,482	9.00	
10.00	EMERGENCY	91.00	0	10,542	10.00	
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,789	11.00	
12.00	SISTERS CLINIC	90.05	0	856	12.00	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
13.00	OUTREACH PHYSICIAN	194.04	0	2,915	13.00
			0	200,493	
G - TEACHING SALARIES					
1.00	OUTREACH PHYSICIAN	194.04	3,930,757	0	1.00
			3,930,757	0	
H - CON - TRAVEL AND MEETINGS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	47,452	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			0	47,452	
I - CAFETERIA & CATERING EXPENSE					
1.00	CAFETERIA	11.00	1,600,834	615,347	1.00
2.00	RESEARCH, WELLNESS, WC	194.07	165,805	63,734	2.00
			1,766,639	679,081	
J - CENTER FOR HEALTH					
1.00	HOUSEKEEPING	9.00	0	159,340	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	632,139	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	798	3.00
			0	792,277	
K - POST TRANSPLANT EXPENSE					
1.00	OUTREACH PHYSICIAN	194.04	277,261	162,474	1.00
2.00		0.00	0	0	2.00
			277,261	162,474	
L - CON EDUCATIONAL ACTIVITIES					
1.00	NURSING ADMINISTRATION	13.00	465,948	72,790	1.00
			465,948	72,790	
M - EMPLOYEE BENEFITS -OUTREACH PHYSICI					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,376,711	1.00
			0	12,376,711	
N - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,638,953	1.00
2.00	SPECIAL CLINICS	90.06	0	505	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	517,319	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
			0	2,156,777	
O - RECLASS PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	670,522	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	670,522	
500.00	Grand Total: Increases		6,536,063	112,648,284	500.00

RECLASSIFICATIONS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-6  
Date/Time Prepared:  
2/28/2016 8:03 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CONVENT NON-ALLOW COST</b>							
1.00	HOUSEKEEPING	9.00	35,039	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	6,675	0	0		2.00
	O		41,714	0			
<b>B - PATHOLOGIST XVIII CLINICA</b>							
1.00	LABORATORY	60.00	53,744	0	0		1.00
	O		53,744	0			
<b>C - COST OF MEDICAL SUPP SOLD</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,504,679	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	15	0		2.00
3.00	OPERATING ROOM	50.00	0	13,039,424	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	60,672	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,488,388	0		5.00
6.00	CT SCAN	57.00	0	371,700	0		6.00
7.00	MRI	58.00	0	106,494	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	3,722,216	0		8.00
9.00	LABORATORY	60.00	0	18,592	0		9.00
10.00	INTRAVENOUS THERAPY	64.00	0	41,111	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	1,212,505	0		11.00
12.00	DIGESTIVE DISEASES	76.00	0	1,057,571	0		12.00
13.00	ST JUDE CLINIC	90.04	0	56,116	0		13.00
14.00	EMERGENCY	91.00	0	233,736	0		14.00
15.00	PHARMACY	15.00	0	1,311,626	0		15.00
	O		0	30,224,845			
<b>D - COST OF IMPLANT DEVICE SOLD</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	134,333	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	418	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	346	0		3.00
4.00	OPERATING ROOM	50.00	0	23,034,338	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	8,733	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,750,279	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	10,085,240	0		7.00
8.00	LABORATORY	60.00	0	682	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	1,432	0		9.00
10.00	DIGESTIVE DISEASES	76.00	0	359,996	0		10.00
11.00	WOUND CARE	76.03	0	23,369	0		11.00
12.00	PAIN PROGRAM	76.09	0	6,257	0		12.00
13.00	VOICE CLINIC	90.01	0	2,300	0		13.00
14.00	EMERGENCY	91.00	0	180	0		14.00
15.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	457	0		15.00
	O		0	35,408,360			
<b>E - COST OF DRUGS CHARGED PTS</b>							
1.00	PHARMACY	15.00	0	29,681,485	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	22,251	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	8,954	0		3.00
4.00	OPERATING ROOM	50.00	0	27,465	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,568	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	83,382	0		6.00
7.00	MRI	58.00	0	3,649	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	7,127	0		8.00
9.00	LABORATORY	60.00	0	508	0		9.00
10.00	INTRAVENOUS THERAPY	64.00	0	713	0		10.00
11.00	DIGESTIVE DISEASES	76.00	0	6,237	0		11.00
12.00	ST JUDE CLINIC	90.04	0	3,128	0		12.00
13.00	EMERGENCY	91.00	0	6,330	0		13.00
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,705	0		14.00
	O		0	29,856,502			
<b>F - RECLASS STD</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,492	0	0		1.00
2.00	DIETARY	10.00	378	0	0		2.00
3.00	NURSING SCHOOL	20.00	144	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	125,611	0	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	32,134	0	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	3,672	0	0		6.00
7.00	SUBPROVIDER - IRF	41.00	14,905	0	0		7.00
8.00	OPERATING ROOM	50.00	3,573	0	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	2,482	0	0		9.00
10.00	EMERGENCY	91.00	10,542	0	0		10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	1,789	0	0		11.00
12.00	SISTERS CLINIC	90.05	856	0	0		12.00
13.00	OUTREACH PHYSICIAN	194.04	2,915	0	0		13.00
	O		200,493	0			

RECLASSIFICATIONS

Provider CCN: 140067

Period:  
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Worksheet A-6

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>G - TEACHING SALARIES</b>							
1.00	I&R SERVICES-OTHER PRGM	22.00	3,930,757	0	0		1.00
	COSTS APPRV						
	0		3,930,757	0			
<b>H - CON - TRAVEL AND MEETINGS</b>							
1.00	NURSING SCHOOL	20.00	0	32,411	0		1.00
2.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	12,271	0		2.00
3.00	PARAMEDICAL EDUC DIETARY	23.02	0	2,770	0		3.00
	0		0	47,452			
<b>I - CAFETERIA &amp; CATERING EXPENSE</b>							
1.00	DIETARY	10.00	1,766,639	679,081	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		1,766,639	679,081			
<b>J - CENTER FOR HEALTH</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	792,277	0		1.00
2.00	0	0.00	0	0	9		2.00
3.00	0	0.00	0	0	9		3.00
	0		0	792,277			
<b>K - POST TRANSPLANT EXPENSE</b>							
1.00	KIDNEY ACQUISITION	105.00	226,216	162,197	0		1.00
2.00	PANCREAS ACQUISITION	109.00	51,045	277	0		2.00
	0		277,261	162,474			
<b>L - CON EDUCATIONAL ACTIVITIES</b>							
1.00	NURSING SCHOOL	20.00	465,948	72,790	0		1.00
	0		465,948	72,790			
<b>M - EMPLOYEE BENEFITS -OUTREACH PHYSICI</b>							
1.00	OUTREACH PHYSICIAN	194.04	0	12,376,711	0		1.00
	0		0	12,376,711			
<b>N - RECLASS DEPRECIATION EXPENSE</b>							
1.00		0.00	0	0	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	9		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	632,937	0		4.00
5.00	OPERATION OF PLANT	7.00	0	1,162,992	0		5.00
6.00	OUTREACH PHYSICIAN	194.04	0	10,322	0		6.00
7.00	CFH - ASC LLC	194.13	0	350,526	0		7.00
	0		0	2,156,777			
<b>O - RECLASS PROPERTY INSURANCE</b>							
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	670,522	0		2.00
	TOTALS		0	670,522			
500.00	Grand Total: Decreases		6,736,556	112,447,791			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	8,894,598	483,200	0	483,200	0	1.00
2.00	Land Improvements	11,740,302	0	0	0	0	2.00
3.00	Buildings and Fixtures	641,765,360	3,898,404	0	3,898,404	-11,815	3.00
4.00	Building Improvements	5,363,099	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	271,448,012	9,568,200	0	9,568,200	48,505	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	939,211,371	13,949,804	0	13,949,804	36,690	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	939,211,371	13,949,804	0	13,949,804	36,690	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	9,377,798	0				1.00
2.00	Land Improvements	11,740,302	0				2.00
3.00	Buildings and Fixtures	645,675,579	0				3.00
4.00	Building Improvements	5,363,099	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	280,967,707	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	953,124,485	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	953,124,485	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140067

Period:  
From 10/01/2014  
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Worksheet A-7  
Part II  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	16,599,437	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,340,256	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	42,939,693	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	16,599,437				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,340,256				2.00
3.00	Total (sum of lines 1-2)	0	42,939,693				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	651,038,678	0	651,038,678	0.698535	468,383	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	280,967,707	0	280,967,707	0.301465	202,139	2.00
3.00	Total (sum of lines 1-2)	932,006,385	0	932,006,385	1.000000	670,522	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	468,383	21,554,383	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	202,139	28,710,577	0	2.00
3.00	Total (sum of lines 1-2)	0	0	670,522	50,264,960	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	468,383	0	0	22,022,766	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	202,139	0	0	28,912,716	2.00
3.00	Total (sum of lines 1-2)	0	670,522	0	0	50,935,482	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

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					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)	A	-64,140		PARKING	18.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-31,942,605					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	-9,248,452					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-314,971		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-4,837,806		NURSING SCHOOL	20.00		0	19.00
20.00 Vending machines	B	-118,262		DIETARY	10.00		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			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 WORKMAN'S COMP CHARGES W/O	A	-255,170		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00
33.08 COMM CLINIC VENDOR COST	A	1,025		COMMUNITY CLINIC	194.02		0	33.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 140067

Period:  
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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 #	
			1.00	2.00	3.00	
34.03	VENDING MACHINE COMMISSIONS	B	-12,521	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 34.03
34.05	UNEMPLOYMENT COMPENSATION	A	101,923	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 34.05
34.06	UNEMPLOYMENT COMP INTEREST INCO	B	-7,884	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 34.06
35.00	TUITION LAB TECH SCHOOL	B	-41,760	PARAMEDICAL EDUCATION PROGRAM	23.00	0 35.00
35.01	TUITION X-RAY TECH SCHOOL	B	-38,250	PARAMEDICAL EDUC X-RAY	23.01	0 35.01
35.02	TUITION & FEE DIETICIAN SCHOOL	B	-5,115	PARAMEDICAL EDUC DIETARY	23.02	0 35.02
35.03	PATIENT TV ELECTRICITY COST	A	-12,874	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 35.03
35.04	CATERING REVENUE	B	-452,196	DIETARY	10.00	0 35.04
36.00	CATERING REVENUE	B	-41,464	DIABETIC SERVICE	76.02	0 36.00
37.00	BRANDING REVENUE	B	-213,589	DIETARY	10.00	0 37.00
37.01	LOBBYING COSTS - ASSOC DUES - ADMIN	A	-64,798	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 37.01
38.00	OTHER REVENUE OFFSET	B	-58,225	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00
38.01	OTHER REVENUE OFFSET	B	-431,564	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 38.01
38.02	OTHER REVENUE OFFSET	B	-1,000	HOUSEKEEPING	9.00	0 38.02
39.00	OTHER REVENUE OFFSET	B	-25,715	DIETARY	10.00	0 39.00
39.01	OTHER REVENUE OFFSET	B	-104,170	NURSING ADMINISTRATION	13.00	0 39.01
39.02	OTHER REVENUE OFFSET	B	-17,150	PHARMACY	15.00	0 39.02
40.00	OTHER REVENUE OFFSET	B	-652	CARDIAC CATHETERIZATION	59.00	0 40.00
40.01	OTHER REVENUE OFFSET	B	-24,759	NURSING SCHOOL	20.00	0 40.01
40.02	OTHER REVENUE OFFSET	B	-6,669	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.02
40.03	OTHER REVENUE OFFSET	B	-2,521	DELIVERY ROOM & LABOR ROOM	52.00	0 40.03
40.04	OTHER REVENUE OFFSET	B	-75,567	RADIOLOGY-DIAGNOSTIC	54.00	0 40.04
40.06	OTHER REVENUE OFFSET	B	-4,607	PHYSICAL THERAPY	66.00	0 40.06
40.07	OTHER REVENUE OFFSET	B	-121,406	DIABETIC SERVICE	76.02	0 40.07
40.09	OTHER REVENUE OFFSET	B	-3,272	WOUND CARE	76.03	0 40.09
40.12	OTHER REVENUE OFFSET	B	-8,587	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 40.12
40.13	OTHER REVENUE OFFSET	B	-636	PAIN PROGRAM	76.09	0 40.13
40.14	OTHER HEALTH PROFESSIONAL ED REV - B	B	-50	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 40.14
40.15	OTHER REVENUE OFFSET	B	-883,813	ST JUDE CLINIC	90.04	0 40.15
40.16	OTHER REVENUE OFFSET	B	-152,078	EMERGENCY	91.00	0 40.16
40.17	OTHER REVENUE OFFSET	B	-2,700	ADULTS & PEDIATRICS	30.00	0 40.17
40.20	OTHER REVENUE OFFSET	B	-25,614	SPECIAL CLINICS	90.06	0 40.20
40.21	OTHER REVENUE OFFSET	B	-20	VOICE CLINIC	90.01	0 40.21
40.23	NON-ALLOWABLE MARKETING	A	-5,273	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.23
40.24	NON-ALLOWABLE MARKETING	A	-78	OUTPATIENT REVENUES	5.03	0 40.24
40.27	NON-ALLOWABLE MARKETING	A	-40,411	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.27
40.29	NON-ALLOWABLE MARKETING	A	-49,306	NURSING ADMINISTRATION	13.00	0 40.29
40.30	NON-ALLOWABLE MARKETING	A	-21	CENTRAL SERVICES & SUPPLY	14.00	0 40.30
40.31	NON-ALLOWABLE MARKETING	A	-55,158	NURSING SCHOOL	20.00	0 40.31
40.35	NON-ALLOWABLE MARKETING	A	-12	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.35
40.37	NON-ALLOWABLE MARKETING	A	-126	PARAMEDICAL EDUCATION PROGRAM	23.00	0 40.37
40.38	NON-ALLOWABLE MARKETING	A	-5,672	ADULTS & PEDIATRICS	30.00	0 40.38
40.40	NON-ALLOWABLE MARKETING	A	-161	INTENSIVE CARE UNIT	31.00	0 40.40
40.44	NON-ALLOWABLE MARKETING	A	-543	NEONATAL INTENSIVE CARE UNIT	31.01	0 40.44
40.46	NON-ALLOWABLE MARKETING	A	-6,964	RADIOLOGY-DIAGNOSTIC	54.00	0 40.46
40.47	NON-ALLOWABLE MARKETING	A	-1,733	CT SCAN	57.00	0 40.47
40.48	NON-ALLOWABLE MARKETING	A	-846	LABORATORY	60.00	0 40.48
40.49	NON-ALLOWABLE MARKETING	A	-346	RESPIRATORY THERAPY	65.00	0 40.49
40.50	NON-ALLOWABLE MARKETING	A	-3,127	PHYSICAL THERAPY	66.00	0 40.50
40.51	NON-ALLOWABLE MARKETING	A	-103	NEURODIAGNOSTIC CENTER	76.05	0 40.51
41.00	NON-ALLOWABLE MARKETING	A	-975	LUNG CLINIC	90.02	0 41.00
41.02	NON-ALLOWABLE MARKETING	A	-11,244	SPECIAL CLINICS	90.06	0 41.02
41.03	NON-ALLOWABLE MARKETING	A	-1,804	EMERGENCY	91.00	0 41.03
41.04	NON-ALLOWABLE MARKETING	A	-2,513	KIDNEY ACQUISITION	105.00	0 41.04
41.05	CAT EKG STORAGE FEE	B	-688,162	ELECTROCARDIOLOGY	69.00	0 41.05
41.07	CLINIC PSYCH PART B SALARY OFFSET	A	-397,967	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 41.07

ADJUSTMENTS TO EXPENSES

Provider CCN: 140067

Period:  
From 10/01/2014  
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Worksheet A-8

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Line #	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	
41.08	CLINIC PSYCH PART B OFFSET BENEFIT	A	-63,675	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 41.08
41.09	MOONLIGHTING RESIDENTS	A	-76,039	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 41.09
41.10	MOONLIGHTING RESIDENTS	A	-41,915	MRI	58.00	0 41.10
41.11	MOONLIGHTING RESIDENTS	A	-10,275	EMERGENCY	91.00	0 41.11
41.12	MOONLIGHTING RESIDENTS	A	-38,138	OBSERVATION BEDS (DISTINCT PART)	92.01	0 41.12
41.13	MOONLIGHTING RESIDENTS EB OFFSET	A	-49,990	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.13
41.14	PARKING REV / CAP INTEREST	A	-113,322	CAP REL COSTS-BLDG & FIXT	1.00	9 41.14
41.15	MISC CREDIT - SISTER'S MAINTENANCE	B	-8,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.15
41.16	MISC CREDIT - EMPLOYEE EYE WEAR FEE	B	-25,614	SPECIAL CLINICS	90.06	0 41.16
41.17	MEDICAID FEES	A	-31,011,480	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.17
41.18	DONATIONS	A	-2,438,974	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.18
41.19	PART B PHYSICIAN COMPENSATION	A	-3,605,620	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.19
41.20	CONTRACT PHARMACY	A	-3,768,055	DRUGS CHARGED TO PATIENTS	73.00	0 41.20
41.21	RECRUITMENT EXPENSE	A	-45,561	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.21
41.22	RECRUITMENT EXPENSE	A	-2,883	RADIOLOGY-DIAGNOSTIC	54.00	0 41.22
41.23	RECRUITMENT EXPENSE	A	-37,851	EMERGENCY	91.00	0 41.23
41.24	ENTERTAINMENT EXPENSES	A	-50	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.24
41.25	ENTERTAINMENT EXPENSES	A	-490	NURSING ADMINISTRATION	13.00	0 41.25
41.26	PROPERTY TAX	A	-8,291	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.26
41.27	TELEPHONE AND TELEGRAPH OFFSET	A	-44,612	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.27
41.28	TELEPHONE AND TELEGRAPH OFFSET	A	-182	DIETARY	10.00	0 41.28
41.29	TELEPHONE AND TELEGRAPH OFFSET	A	-6,413	ADULTS & PEDIATRICS	30.00	0 41.29
41.30	TELEPHONE AND TELEGRAPH OFFSET	A	-96	INTENSIVE CARE UNIT	31.00	0 41.30
42.00	TELEPHONE AND TELEGRAPH OFFSET	A	-112	NEONATAL INTENSIVE CARE UNIT	31.01	0 42.00
42.01	TELEPHONE AND TELEGRAPH OFFSET	A	-410	SUBPROVIDER - IRF	41.00	0 42.01
42.02			0		0.00	0 42.02
42.03			0		0.00	0 42.03
42.04			0		0.00	0 42.04
42.05			0		0.00	0 42.05
42.06			0		0.00	0 42.06
42.07			0		0.00	0 42.07
43.00			0		0.00	0 43.00
43.03			0		0.00	0 43.03
43.04			0		0.00	0 43.04
43.06			0		0.00	0 43.06
44.00			0		0.00	0 44.00
45.00			0		0.00	0 45.00
45.01			0		0.00	0 45.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-92,190,777			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 140067

Period: From 10/01/2014 To 09/30/2015

Worksheet A-8-1

Date/Time Prepared: 2/28/2016 8:03 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES - BLDG	2,797,176	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES - EQUIP	12,777,937	10,925,733
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFCE EMPLOYEE BENEFITS	13,171,497	15,251,236
3.01	5.01	PURCHASING RECEIVING AND STO	CORP OFCE CENTRAL PURCHASING	1,185,379	1,372,547
3.02	5.05	OTHER ADMINISTRATIVE AND GEN	CORP/SF INC ADMIN ALLOCATION	69,203,075	80,130,028
3.03	6.00	MAINTENANCE & REPAIRS	CORP OFFICE CHARGES - MAINT	1,786,339	2,068,397
3.04	13.00	NURSING ADMINISTRATION	CORP OFFICE CHARGES - NURS A	3,859,376	4,468,760
3.05	5.05	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	2,518,405	0
3.06	5.05	OTHER ADMINISTRATIVE AND GEN	SFI CHARGES - A&G	649,632	987,278
3.07	6.00	MAINTENANCE & REPAIRS	SFI CHARGES - EQUIP TECH	1,806,959	2,839,503
4.00	58.00	MRI	SFI CHARGES - MRI MOBILE	4,350	84,500
4.01	59.00	CARDIAC CATHETERIZATION	SFI CHARGES - EQUIP TECH	403,874	634,658
4.02	194.04	OUTREACH PHYSICIAN	SF INC PHYSICIAN MGMT	37,349,791	37,999,252
4.03	59.00	CARDIAC CATHETERIZATION	EICU CHARGES	2,498,284	2,498,284
4.04	0.00			0	0
4.05	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			150,012,074	159,260,526

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

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

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

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

6.00	B	OSF HEALTHCARE	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-8-1

Date/Time Prepared:  
2/28/2016 8:03 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	2,797,176	9		1.00
2.00	1,852,204	9		2.00
3.00	-2,079,739	0		3.00
3.01	-187,168	0		3.01
3.02	-10,926,953	0		3.02
3.03	-282,058	0		3.03
3.04	-609,384	0		3.04
3.05	2,518,405	0		3.05
3.06	-337,646	0		3.06
3.07	-1,032,544	0		3.07
4.00	-80,500	0		4.00
4.01	-230,784	0		4.01
4.02	-649,461	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
5.00	-9,248,452			5.00

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

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

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

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

6.00	CATHOLIC SYSTEM		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-8-2

Date/Time Prepared:  
2/28/2016 8:03 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	277,094	9,184	267,910	171,400	2,107	1.00
2.00	5.05	1,459,709	280,161	1,179,548	171,400	7,996	2.00
3.00	13.00	57,754	10,595	47,159	171,400	454	3.00
4.00	15.00	271,445	189,496	81,949	171,400	250	4.00
5.00	16.00	389,593	133,425	256,168	171,400	1,998	5.00
6.00	30.00	900,120	806,552	93,568	171,400	254	6.00
7.00	31.00	1,349,315	1,033,258	316,057	171,400	1,710	7.00
8.00	31.01	139,357	139,357	0	0	0	8.00
9.00	50.00	599,827	189,827	410,000	204,100	936	9.00
10.00	53.00	12,605	12,605	0	0	0	10.00
11.00	54.00	2,598,833	2,373,833	225,000	231,100	847	11.00
12.00	58.00	5,562	5,562	0	0	0	12.00
13.00	60.00	1,260,981	1,134,991	125,990	219,500	1,194	13.00
14.00	64.00	27,148	27,148	0	0	0	14.00
15.00	65.00	136,180	45,510	90,670	171,400	110	15.00
16.00	66.00	858,513	858,513	0	0	0	16.00
17.00	68.00	61	61	0	0	0	17.00
18.00	69.00	9,750	0	9,750	171,400	60	18.00
19.00	76.04	18,536	18,536	0	0	0	19.00
20.00	76.05	889,369	889,369	0	0	0	20.00
21.00	76.08	1,035,700	883,454	152,246	171,400	633	21.00
22.00	76.09	559,019	489,205	69,814	171,400	416	22.00
23.00	76.10	1,394,198	1,394,198	0	0	0	23.00
24.00	76.97	113,586	104,970	8,616	171,400	112	24.00
25.00	90.01	47,880	0	47,880	171,400	299	25.00
26.00	90.06	830,349	830,349	0	0	0	26.00
27.00	90.07	340,489	318,248	22,241	171,400	212	27.00
28.00	91.00	19,087,853	14,926,836	4,161,016	171,400	14,818	28.00
29.00	92.01	19,484	19,484	0	0	0	29.00
30.00	95.00	20,403	1,427	18,976	171,400	97	30.00
31.00	105.00	233,704	20,800	212,904	204,100	1,036	31.00
32.00	109.00	20,323	0	20,323	204,100	115	32.00
200.00		34,964,740	27,146,954	7,817,785		35,654	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	173,625	8,681	0	0	0	1.00
2.00	5.05	658,901	32,945	0	0	0	2.00
3.00	13.00	37,411	1,871	0	0	0	3.00
4.00	15.00	20,601	1,030	0	0	0	4.00
5.00	16.00	164,643	8,232	0	0	0	5.00
6.00	30.00	20,931	1,047	0	0	0	6.00
7.00	31.00	140,911	7,046	0	0	0	7.00
8.00	31.01	0	0	0	0	0	8.00
9.00	50.00	91,845	4,592	0	0	0	9.00
10.00	53.00	0	0	0	0	0	10.00
11.00	54.00	94,107	4,705	0	0	0	11.00
12.00	58.00	0	0	0	0	0	12.00
13.00	60.00	126,001	6,300	0	0	0	13.00
14.00	64.00	0	0	0	0	0	14.00
15.00	65.00	9,064	453	0	0	0	15.00
16.00	66.00	0	0	0	0	0	16.00
17.00	68.00	0	0	0	0	0	17.00
18.00	69.00	4,944	247	0	0	0	18.00
19.00	76.04	0	0	0	0	0	19.00
20.00	76.05	0	0	0	0	0	20.00
21.00	76.08	52,162	2,608	0	0	0	21.00
22.00	76.09	34,280	1,714	0	0	0	22.00
23.00	76.10	0	0	0	0	0	23.00
24.00	76.97	9,229	461	0	0	0	24.00
25.00	90.01	24,639	1,232	0	0	0	25.00
26.00	90.06	0	0	0	0	0	26.00
27.00	90.07	17,470	874	0	0	0	27.00
28.00	91.00	1,221,060	61,053	0	0	0	28.00
29.00	92.01	0	0	0	0	0	29.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet A-8-2

Date/Time Prepared:  
2/28/2016 8:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
30.00	95.00	AMBULANCE SERVICES	7,993	400	0	0	0	30.00
31.00	105.00	KIDNEY ACQUISITION	101,658	5,083	0	0	0	31.00
32.00	109.00	PANCREAS ACQUISITION	11,284	564	0	0	0	32.00
200.00			3,022,759	151,138	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	173,625	94,285	103,469		1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	658,901	520,647	800,808		2.00
3.00	13.00	NURSING ADMINISTRATION	0	37,411	9,748	20,343		3.00
4.00	15.00	PHARMACY	0	20,601	61,348	250,844		4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	0	164,643	91,525	224,950		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	20,931	72,637	879,189		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	140,911	175,146	1,208,404		7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	139,357		8.00
9.00	50.00	OPERATING ROOM	0	91,845	318,155	507,982		9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	12,605		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	94,107	130,893	2,504,726		11.00
12.00	58.00	MRI	0	0	0	5,562		12.00
13.00	60.00	LABORATORY	0	126,001	0	1,134,991		13.00
14.00	64.00	INTRAVENOUS THERAPY	0	0	0	27,148		14.00
15.00	65.00	RESPIRATORY THERAPY	0	9,064	81,606	127,116		15.00
16.00	66.00	PHYSICAL THERAPY	0	0	0	858,513		16.00
17.00	68.00	SPEECH PATHOLOGY	0	0	0	61		17.00
18.00	69.00	ELECTROCARDIOLOGY	0	4,944	4,806	4,806		18.00
19.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	18,536		19.00
20.00	76.05	NEURO DIAGNOSTIC CENTER	0	0	0	889,369		20.00
21.00	76.08	SLEEP DISORDERS	0	52,162	100,084	983,538		21.00
22.00	76.09	PAIN PROGRAM	0	34,280	35,534	524,739		22.00
23.00	76.10	COMPILEPSY	0	0	0	1,394,198		23.00
24.00	76.97	CARDIAC REHABILITATION	0	9,229	0	104,970		24.00
25.00	90.01	VOICE CLINIC	0	24,639	23,241	23,241		25.00
26.00	90.06	SPECIAL CLINICS	0	0	0	830,349		26.00
27.00	90.07	PALLIATIVE CARE CLINIC	0	17,470	4,771	323,019		27.00
28.00	91.00	EMERGENCY	0	1,221,060	2,939,956	17,866,793		28.00
29.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	19,484		29.00
30.00	95.00	AMBULANCE SERVICES	0	7,993	10,983	12,410		30.00
31.00	105.00	KIDNEY ACQUISITION	0	101,658	111,246	132,046		31.00
32.00	109.00	PANCREAS ACQUISITION	0	11,284	9,039	9,039		32.00
200.00			0	3,022,759	4,795,650	31,942,605		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	22,022,766	22,022,766			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	28,912,716		28,912,716		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	117,970,975	242,029	1,088	118,214,092	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	2,601,386	62,704	21,813	331,085	3,016,988
5.02 00570	ADMITTING	0	78,305	0	0	0
5.03 00540	OUTPATIENT REVENUES	319,121	29,092	1,848	95,705	0
5.04 00550	BUSINESS OFFICE	1,285	0	0	0	0
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	109,387,104	1,102,083	17,725,229	5,948,618	0
6.00 00600	MAINTENANCE & REPAIRS	20,270,068	4,269,062	1,322,564	1,966,355	491,437
7.00 00700	OPERATION OF PLANT	10,962,571	393,453	348,792	886,246	180,156
8.00 00800	LAUNDRY & LINEN SERVICE	737,276	50,333	0	85,049	1,388
9.00 00900	HOUSEKEEPING	8,601,282	165,694	11,472	2,059,951	133,769
10.00 01000	DIETARY	3,875,768	127,845	23,866	1,227,027	23,793
11.00 01100	CAFETERIA	2,216,181	57,645	11,019	580,406	8,793
13.00 01300	NURSING ADMINISTRATION	15,591,301	266,487	277,834	3,757,735	27,662
14.00 01400	CENTRAL SERVICES & SUPPLY	6,793,242	526,498	389,241	1,243,763	297,338
15.00 01500	PHARMACY	14,041,106	169,931	314,227	4,169,998	33,212
16.00 01600	MEDICAL RECORDS & LIBRARY	4,433,428	179,666	470	1,312,148	24,993
18.00 01850	PARKING	1,126,448	751	505,269	87	4
20.00 02000	NURSING SCHOOL	0	1,008,332	89,498	1,552,202	7,371
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	14,163,923	0	0	4,599,568	4,954
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	19,276,483	1,093,099	1,633	1,918,373	2,333
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	378,825	0	0	148,253	35
23.01 02301	PARAMEDICAL EDUC X-RAY	94,420	16,452	0	45,594	276
23.02 02302	PARAMEDICAL EDUC DIETARY	87,408	13,632	0	30,697	644
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	65,662,665	3,841,802	470,144	20,493,097	667,237
31.00 03100	INTENSIVE CARE UNIT	18,963,673	601,020	297,696	5,163,110	291,427
31.01 02060	NEONATAL INTENSIVE CARE UNIT	8,512,991	394,091	386,240	2,781,995	65,151
41.00 04100	SUBPROVIDER - I RF	2,966,943	46,578	9,416	894,671	43,699
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	22,801,374	1,365,665	1,149,110	5,361,870	174,079
51.00 05100	RECOVERY ROOM	2,606,098	76,591	12,008	875,764	2,474
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,347,881	175,896	96,695	1,315,683	28,181
53.00 05300	ANESTHESIOLOGY	1,951,847	18,096	198,437	161,813	13,732
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,070,518	1,063,327	1,896,961	5,440,573	58,658
57.00 05700	CT SCAN	4,395,802	54,414	38,571	684,435	5,334
58.00 05800	MRI	4,448,848	216,891	170,567	744,284	7,593
59.00 05900	CARDIAC CATHETERIZATION	2,398,268	106,476	480,042	700,094	8,469
60.00 06000	LABORATORY	23,518,349	488,692	483,659	3,728,195	32,809
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	5,887,393	108,275	411	254,956	562
64.00 06400	INTRAVENOUS THERAPY	1,114,121	27,278	16,185	284,878	6,606
65.00 06500	RESPIRATORY THERAPY	8,192,295	121,100	247,237	2,187,993	7,391
66.00 06600	PHYSICAL THERAPY	8,582,150	401,006	95,081	2,791,822	15,010
68.00 06800	SPEECH PATHOLOGY	814,205	23,834	31,632	223,279	349
69.00 06900	ELECTROCARDIOLOGY	2,215,024	118,946	145,694	1,003,504	4,091
70.00 07000	ELECTROENCEPHALOGRAPHY	737,056	3,472	78,349	250,743	1,142
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,224,845	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	35,407,446	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	26,081,037	0	0	0	0
74.00 07400	RENAL DIALYSIS	2,210,840	38,260	4,004	49,177	2,587
76.00 03950	DIGESTIVE DISEASES	3,019,901	170,866	193,368	670,072	73,970
76.01 03951	ENTEROSTOMAL	362,876	0	0	126,213	189
76.02 03952	DIABETIC SERVICE	674,958	64,829	4,404	267,307	1,420
76.03 03953	WOUND CARE	761,352	61,443	6,879	171,077	4,008
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	731,247	89,471	615	264,271	8,908
76.05 03954	NEURO DIAGNOSTIC CENTER	1,206,645	38,118	0	181,890	531
76.07 03640	UROLOGY	7,816	0	4,320	2,652	0
76.08 03956	SLEEP DISORDERS	2,399,702	70,951	39,888	642,248	3,209
76.09 03957	PAIN PROGRAM	943,933	76,520	10,385	263,830	3,427
76.10 03958	COMP EPILEPSY	1,259,414	77,781	243	153,545	616
76.97 07697	CARDIAC REHABILITATION	489,475	3,146	14,721	161,386	866
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRI PSY	166,200	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	VOICE CLINIC	155,976	7,014	69,208	24,355	805
90.02 09002	LUNG CLINIC	11,053	8,757	1,716	0	450

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.04 09004 ST JUDE CLINIC	-17,016	104,761	4,148	294,998	4,259	90.04
90.05 09005 SISTERS CLINIC	111,144	0	15,078	254,548	169	90.05
90.06 09006 SPECIAL CLINICS	531,024	32,351	4,685	96,028	2,069	90.06
90.07 09007 PALLIATIVE CARE CLINIC	1,510,830	20,830	0	333,462	157	90.07
91.00 09100 EMERGENCY	12,094,211	551,325	236,906	5,712,304	101,092	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,360,783	235,383	101,630	469,824	3,414	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	21,714	0	19,603	10,815	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	2,312,895	0	1,896	172,921	2,382	105.00
109.00 10900 PANCREAS ACQUISITION	99,221	0	0	19,328	0	109.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	740,192,106	20,758,349	28,083,695	97,643,870	2,886,680	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,808	8,567	0	0	190.00
194.00 07950 SISTERS CONVENT	33,705	0	0	15,124	0	194.00
194.01 07951 BRADLEY HEALTH SVC	488,029	0	0	161,320	236	194.01
194.02 07952 COMMUNITY CLINIC	274,161	0	0	78,948	164	194.02
194.03 07953 FUND RAISING	5,804,025	2,423	3,894	321,287	14,204	194.03
194.04 07954 OUTREACH PHYSICIAN	98,214,071	764,503	428,278	17,121,043	104,410	194.04
194.05 07955 PHYSICIAN CONTRACT	1,886,354	0	0	35,193	0	194.05
194.07 07957 RESEARCH, WELLNESS, WC	2,568,790	21,411	12,722	684,223	4,007	194.07
194.08 07958 INDUSTRIAL REHAB	1,288,058	92,787	3,670	644,774	5,531	194.08
194.10 07960 IN-SCHOOL CLINIC	-57,288	82,542	55	101,567	769	194.10
194.11 07961 REGIONAL ACTIVITIES	40,031	14,057	0	12,523	0	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13 07963 CFH - ASC LLC	11,165,184	270,852	371,835	1,241,064	0	194.13
194.14 07964 MARKETING	1,417,918	1,034	0	153,156	987	194.14
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	863,315,144	22,022,766	28,912,716	118,214,092	3,016,988	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
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Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	78,305					5.02
5.03	00540	OUTPATIENT REVENUES	0	445,766				5.03
5.04	00550	BUSINESS OFFICE	0	0	1,285			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	1,285	134,164,319	134,164,319	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	28,319,486	5,210,814	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	12,771,218	2,349,917	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	874,046	160,825	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,972,168	2,018,890	9.00
10.00	01000	DIETARY	0	0	0	5,278,299	971,212	10.00
11.00	01100	CAFETERIA	0	0	0	2,874,044	528,827	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	19,921,019	3,665,487	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	9,250,082	1,702,024	14.00
15.00	01500	PHARMACY	0	0	0	18,728,474	3,446,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,950,705	1,094,936	16.00
18.00	01850	PARKING	0	0	0	1,632,559	300,392	18.00
20.00	02000	NURSING SCHOOL	0	0	0	2,657,403	488,965	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	18,768,445	3,453,413	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22,291,921	4,101,736	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	527,113	96,989	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	156,742	28,841	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	132,381	24,358	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,530	0	0	91,140,475	16,769,939	30.00
31.00	03100	INTENSIVE CARE UNIT	1,817	0	0	25,318,743	4,658,674	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	736	0	0	12,141,204	2,233,994	31.01
41.00	04100	SUBPROVIDER - IRF	206	0	0	3,961,513	728,922	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,978	0	0	30,858,076	5,677,917	50.00
51.00	05100	RECOVERY ROOM	960	0	0	3,573,895	657,600	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	423	0	0	5,964,759	1,097,522	52.00
53.00	05300	ANESTHESIOLOGY	3,335	0	0	2,347,260	431,898	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,726	179,883	0	30,717,646	5,652,078	54.00
57.00	05700	CT SCAN	2,352	45,327	0	5,226,235	961,632	57.00
58.00	05800	MRI	1,262	29,085	0	5,618,530	1,033,815	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,362	0	0	3,697,711	680,383	59.00
60.00	06000	LABORATORY	11,468	158,043	0	28,421,215	5,229,532	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	390	0	0	6,251,987	1,150,372	63.00
64.00	06400	INTRAVENOUS THERAPY	51	0	0	1,449,119	266,639	64.00
65.00	06500	RESPIRATORY THERAPY	3,255	0	0	10,759,271	1,979,717	65.00
66.00	06600	PHYSICAL THERAPY	894	0	0	11,885,963	2,187,029	66.00
68.00	06800	SPEECH PATHOLOGY	99	0	0	1,093,398	201,186	68.00
69.00	06900	ELECTROCARDIOLOGY	1,616	33,428	0	3,522,303	648,107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303	0	0	1,071,065	197,077	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,134	0	0	30,231,979	5,562,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,179	0	0	35,411,625	6,515,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,171	0	0	26,090,208	4,800,624	73.00
74.00	07400	RENAL DIALYSIS	262	0	0	2,305,130	424,146	74.00
76.00	03950	DIGESTIVE DISEASES	1,012	0	0	4,129,189	759,775	76.00
76.01	03951	ENTEROSTOMAL	29	0	0	489,307	90,033	76.01
76.02	03952	DIABETIC SERVICE	4	0	0	1,012,922	186,379	76.02
76.03	03953	WOUND CARE	138	0	0	1,004,897	184,902	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77	0	0	1,094,589	201,405	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	5	0	0	1,427,189	262,604	76.05
76.07	03640	UROLOGY	35	0	0	14,823	2,727	76.07
76.08	03956	SLEEP DISORDERS	308	0	0	3,156,306	580,763	76.08
76.09	03957	PAIN PROGRAM	168	0	0	1,298,263	238,882	76.09
76.10	03958	COMPEPILEPSY	9	0	0	1,491,608	274,457	76.10
76.97	07697	CARDIAC REHABILITATION	40	0	0	669,634	123,213	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHIOTRIPSY	57	0	0	166,257	30,591	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	21	0	0	257,379	47,358	90.01
90.02	09002	LUNG CLINIC	7	0	0	21,983	4,045	90.02
90.04	09004	ST JUDE CLINIC	40	0	0	391,190	71,979	90.04
90.05	09005	SISTERS CLINIC	0	0	0	380,939	70,093	90.05
90.06	09006	SPECIAL CLINICS	17	0	0	666,174	122,577	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	1,865,279	343,213	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

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Cost Center Description			ADMINISTRATIVE	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
91.00	09100	EMERGENCY	2,334	0	0	18,698,172	3,440,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	424	0	0	2,171,458	399,550	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	52,132	9,592	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	71	0	0	2,490,165	458,193	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	118,549	21,813	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,305	445,766	1,285	717,398,138	107,315,601	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,375	4,301	190.00
194.00	07950	SISTERS CONVENT	0	0	0	48,829	8,985	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	649,585	119,524	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	353,273	65,003	194.02
194.03	07953	FUND RAISING	0	0	0	6,145,833	1,130,839	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	116,632,305	21,460,304	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	1,921,547	353,567	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	3,291,153	605,575	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	2,034,820	374,409	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	127,645	23,487	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	66,611	12,256	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	13,048,935	2,401,017	194.13
194.14	07964	MARKETING	0	0	0	1,573,095	289,451	194.14
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	78,305	445,766	1,285	863,315,144	134,164,319	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
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To 09/30/2015

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
6.00	00600	33,530,300					6.00
7.00	00700	812,378	15,933,513				7.00
8.00	00800	103,924	50,611	1,189,406			8.00
9.00	00900	342,114	166,608	21,209	13,520,989		9.00
10.00	01000	263,966	128,550	0	111,681	6,753,708	10.00
11.00	01100	119,022	57,963	0	50,357	0	11.00
13.00	01300	550,226	267,958	0	232,795	0	13.00
14.00	01400	1,087,082	529,405	24,578	459,932	0	14.00
15.00	01500	350,862	170,869	0	148,446	0	15.00
16.00	01600	370,962	180,657	0	156,950	0	16.00
18.00	01850	1,551	755	0	656	0	18.00
20.00	02000	2,081,942	1,013,898	0	882,852	0	20.00
21.00	02100	0	0	2,032	0	0	21.00
22.00	02200	2,256,963	1,099,133	0	942,753	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	33,969	16,543	0	14,372	0	23.01
23.02	02302	28,146	13,707	0	11,908	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	7,932,316	3,863,012	520,585	3,356,073	5,537,755	30.00
31.00	03100	1,240,949	604,338	139,789	525,032	800,638	31.00
31.01	02060	813,695	396,266	30,695	344,265	0	31.01
41.00	04100	96,171	46,835	29,962	40,689	353,541	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,819,741	1,373,204	95,323	1,193,001	0	50.00
51.00	05100	158,140	77,013	0	66,907	0	51.00
52.00	05200	363,180	176,867	31,824	153,657	61,774	52.00
53.00	05300	37,362	18,195	0	15,808	0	53.00
54.00	05400	2,195,492	1,069,197	70,358	928,888	0	54.00
57.00	05700	112,351	54,714	28,356	47,534	0	57.00
58.00	05800	447,823	218,088	10,184	189,469	0	58.00
59.00	05900	219,845	107,064	33,721	93,014	0	59.00
60.00	06000	1,009,021	491,390	8,410	426,906	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	223,560	108,873	0	94,586	0	63.00
64.00	06400	56,322	27,428	2,417	23,829	0	64.00
65.00	06500	250,039	121,768	2,498	105,789	0	65.00
66.00	06600	827,973	403,220	3,651	350,306	0	66.00
68.00	06800	49,212	23,966	1,841	20,821	0	68.00
69.00	06900	245,592	119,602	12,702	103,907	0	69.00
70.00	07000	7,168	3,491	3,831	3,033	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	78,997	38,471	6,750	33,423	0	74.00
76.00	03950	352,793	171,809	21,095	160,812	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03952	133,855	65,187	0	56,633	0	76.02
76.03	03953	126,863	61,782	0	0	0	76.03
76.04	03550	184,735	89,965	0	78,159	0	76.04
76.05	03954	78,704	38,329	0	33,299	0	76.05
76.07	03640	0	0	0	0	0	76.07
76.08	03956	146,495	71,342	4,029	61,980	0	76.08
76.09	03957	157,993	76,942	0	0	0	76.09
76.10	03958	160,597	78,210	0	67,947	0	76.10
76.97	07697	6,495	3,163	0	2,748	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	14,483	7,053	0	0	0	90.01
90.02	09002	18,081	8,806	0	0	0	90.02
90.04	09004	216,305	105,340	2,156	91,516	0	90.04
90.05	09005	0	0	0	0	0	90.05
90.06	09006	66,796	32,529	0	28,261	0	90.06
90.07	09007	43,009	20,945	0	18,197	0	90.07
91.00	09100	1,138,342	554,368	76,308	481,620	0	91.00

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	486,005	236,683	0	205,623	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,919,607	14,662,112	1,184,304	12,416,434	6,753,708	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,575	14,890	0	12,936	0	190.00
194.00	07950 SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952 COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953 FUND RAISING	5,003	2,437	0	2,117	0	194.03
194.04	07954 OUTREACH PHYSICIAN	1,578,499	768,724	5,102	667,845	0	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	44,209	21,530	0	18,704	0	194.07
194.08	07958 INDUSTRIAL REHAB	191,581	93,300	0	81,056	0	194.08
194.10	07960 IN-SCHOOL CLINIC	170,428	82,998	0	72,106	0	194.10
194.11	07961 REGIONAL ACTIVITIES	29,024	14,135	0	12,280	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	559,238	272,347	0	236,607	0	194.13
194.14	07964 MARKETING	2,136	1,040	0	904	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	33,530,300	15,933,513	1,189,406	13,520,989	6,753,708	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,630,213					11.00
13.00	01300	156,711	24,794,196				13.00
14.00	01400	124,585	0	13,177,688			14.00
15.00	01500	104,996	0	0	22,949,705		15.00
16.00	01600	63,468	0	17	0	7,817,695	16.00
18.00	01850	0	0	0	0	0	18.00
20.00	02000	41,528	0	4,057	822	0	20.00
21.00	02100	174,733	0	1,335	0	0	21.00
22.00	02200	22,723	0	33,592	3,102	0	22.00
23.00	02300	3,918	0	97	0	0	23.00
23.01	02301	1,567	0	0	0	0	23.01
23.02	02302	784	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	833,703	14,225,603	352,624	0	559,276	30.00
31.00	03100	191,188	3,266,340	185,681	24,858	183,810	31.00
31.01	02060	88,542	1,516,811	61,445	0	74,452	31.01
41.00	04100	39,178	660,838	12,074	8	20,875	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	209,209	3,566,198	0	0	604,636	50.00
51.00	05100	28,208	483,357	20,771	1,503	97,073	51.00
52.00	05200	48,580	829,491	69,020	0	42,788	52.00
53.00	05300	5,485	96,966	243,280	233,126	337,362	53.00
54.00	05400	200,590	0	0	0	781,438	54.00
57.00	05700	25,857	0	100,934	0	237,874	57.00
58.00	05800	23,507	0	118,665	0	127,627	58.00
59.00	05900	24,290	0	0	0	441,171	59.00
60.00	06000	190,404	0	86,068	0	1,057,330	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	12,537	0	9,343	77	39,491	63.00
64.00	06400	10,186	0	0	0	5,198	64.00
65.00	06500	86,191	0	0	1,111	329,193	65.00
66.00	06600	98,728	0	17,094	83,499	90,426	66.00
68.00	06800	7,052	0	60,411	0	10,037	68.00
69.00	06900	42,312	0	7,418	140	163,455	69.00
70.00	07000	10,970	0	1,865	0	30,688	70.00
71.00	07100	0	0	10,405,943	0	721,579	71.00
72.00	07200	0	0	0	0	422,665	72.00
73.00	07300	0	0	0	19,025,681	927,547	73.00
74.00	07400	1,567	0	3,510	410	26,475	74.00
76.00	03950	25,074	0	0	0	102,376	76.00
76.01	03951	4,701	0	54	0	2,935	76.01
76.02	03952	10,186	0	0	0	443	76.02
76.03	03953	6,268	0	56,532	4,601	13,932	76.03
76.04	03550	15,671	0	59	0	7,754	76.04
76.05	03954	8,619	148,592	402	11,913	503	76.05
76.07	03640	0	0	0	0	3,565	76.07
76.08	03956	24,290	0	7,906	0	31,189	76.08
76.09	03957	8,619	0	24,876	63,780	16,948	76.09
76.10	03958	7,836	0	18	845	952	76.10
76.97	07697	7,052	0	563	575	4,031	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	5,798	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	784	0	1,974	6,427	2,128	90.01
90.02	09002	0	0	0	0	714	90.02
90.04	09004	12,537	0	0	0	4,049	90.04
90.05	09005	9,403	0	0	0	0	90.05
90.06	09006	4,701	0	3,947	2,917	1,768	90.06
90.07	09007	10,970	0	0	0	0	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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To 09/30/2015

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	231,149	0	272,137	0	236,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,888	0	2,598	17	42,911	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	17	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,052	0	71	4,404	7,182	105.00
109.00	10900	PANCREAS ACQUISITION	784	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,283,881	24,794,196	12,166,381	19,469,816	7,817,695	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	784	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	3,918	0	1,096	36	0	194.01
194.02	07952	COMMUNITY CLINIC	2,351	0	28	41,545	0	194.02
194.03	07953	FUND RAISING	7,052	0	25,858	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	242,902	0	164,716	3,112,238	0	194.04
194.05	07955	PHYSICIAN CONTRACT	784	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	57,983	0	2,187	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	20,372	0	4,212	68,704	0	194.08
194.10	07960	IN-SCHOOL CLINIC	3,134	0	7	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	1,567	0	813,203	257,366	0	194.13
194.14	07964	MARKETING	5,485	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,630,213	24,794,196	13,177,688	22,949,705	7,817,695	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

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Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	
	PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00540	OUTPATIENT REVENUES					5.03
5.04 00550	BUSINESS OFFICE					5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
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
18.00 01850	PARKING	1,935,913				18.00
20.00 02000	NURSING SCHOOL	25,278	7,196,745			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	106,358		22,506,316		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,831			30,765,754	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	2,385				23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	954				23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	477				23.02
630,502						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	507,471	5,625,443	8,577,882	11,725,821	0 30.00
31.00 03100	INTENSIVE CARE UNIT	116,374	458,481	1,212,171	1,657,017	0 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	53,895	95,059	419,825	573,894	0 31.01
41.00 04100	SUBPROVIDER - I&R	23,847	0	417,718	571,014	0 41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	127,344	114,378	2,157,960	2,949,894	0 50.00
51.00 05100	RECOVERY ROOM	17,170	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	29,570	202,647	844,380	1,154,254	0 52.00
53.00 05300	ANESTHESIOLOGY	3,339	8,407	151,078	206,521	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	122,097	72,426	2,298,985	3,142,674	0 54.00
57.00 05700	CT SCAN	15,739	0	104,365	142,665	0 57.00
58.00 05800	MRI	14,308	0	64,156	87,701	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	14,785	0	833,737	1,139,704	0 59.00
60.00 06000	LABORATORY	115,897	0	72,139	98,613	0 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	7,631	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	6,200	53,026	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	52,464	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	60,095	0	0	0	0 66.00
68.00 06800	SPEECH PATHOLOGY	4,292	36,213	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	25,755	0	145,165	198,438	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	6,677	0	79,235	108,312	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	954	0	0	0	0 74.00
76.00 03950	DIGESTIVE DISEASES	15,262	72,426	0	0	0 76.00
76.01 03951	ENTEROSTOMAL	2,862	0	0	0	0 76.01
76.02 03952	DIABETIC SERVICE	6,200	0	0	0	0 76.02
76.03 03953	WOUND CARE	3,816	36,860	0	0	0 76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,539	0	0	0	0 76.04
76.05 03954	NEURODIAGNOSTIC CENTER	5,246	36,213	0	0	0 76.05
76.07 03640	UROLOGY	0	0	0	0	0 76.07
76.08 03956	SLEEP DISORDERS	14,785	0	41,687	56,985	0 76.08
76.09 03957	PAIN PROGRAM	5,246	0	0	0	0 76.09
76.10 03958	COMPEPILEPSY	4,769	0	0	0	0 76.10
76.97 07697	CARDIAC REHABILITATION	4,292	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	VOICE CLINIC	477	0	0	0	0 90.01
90.02 09002	LUNG CLINIC	0	0	0	0	0 90.02
90.04 09004	ST JUDE CLINIC	7,631	9,053	0	0	0 90.04
90.05 09005	SISTERS CLINIC	5,723	0	363,947	497,509	0 90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
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To 09/30/2015

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Cost Center Description			OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	
			PARKING	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER		
					Y & FRINGES APPRV	PRGM COSTS APPRV		
18.00	20.00	21.00	22.00	23.00				
90.06	09006	SPECIAL CLINICS	2,862	0	0	0	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	6,677	0	0	0	0	90.07
91.00	09100	EMERGENCY	140,698	140,729	3,142,479	4,295,716	630,502	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	9,062	72,426	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,292	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	477	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,725,103	7,033,787	20,926,909	28,606,732	630,502	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	477	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	2,385	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	1,431	0	0	0	0	194.02
194.03	07953	FUND RAISING	4,292	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	147,852	0	1,579,407	2,159,022	0	194.04
194.05	07955	PHYSICIAN CONTRACT	477	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	35,294	162,958	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	12,401	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	1,908	0	0	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	954	0	0	0	0	194.13
194.14	07964	MARKETING	3,339	0	0	0	0	194.14
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,935,913	7,196,745	22,506,316	30,765,754	630,502	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
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Worksheet B  
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Cost Center Description			PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
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
18.00	01850	PARKING						18.00
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	PARAMEDICAL EDUCATION PROGRAM						23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	252,988					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY		211,761				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	211,761	171,739,739	-20,303,703	151,436,036	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	40,584,083	-2,869,188	37,714,895	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	18,844,042	-993,719	17,850,323	31.01
41.00	04100	SUBPROVIDER - I&R	0	0	7,003,185	-988,732	6,014,453	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	51,746,881	-5,107,854	46,639,027	50.00
51.00	05100	RECOVERY ROOM	0	0	5,181,637	0	5,181,637	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	11,070,313	-1,998,634	9,071,679	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,136,087	-357,599	3,778,488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	252,988	0	47,504,857	-5,441,659	42,063,198	54.00
57.00	05700	CT SCAN	0	0	7,058,256	-247,030	6,811,226	57.00
58.00	05800	MRI	0	0	7,953,873	-151,857	7,802,016	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,285,425	-1,973,441	5,311,984	59.00
60.00	06000	LABORATORY	0	0	37,206,925	-170,752	37,036,173	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	7,898,457	0	7,898,457	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,900,364	0	1,900,364	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	13,688,041	0	13,688,041	65.00
66.00	06600	PHYSICAL THERAPY	0	0	16,007,984	0	16,007,984	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,508,429	0	1,508,429	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,234,896	-343,603	4,891,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,523,412	-187,547	1,335,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	46,922,215	0	46,922,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	42,350,064	0	42,350,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	50,844,060	0	50,844,060	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,919,833	0	2,919,833	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	5,810,611	0	5,810,611	76.00
76.01	03951	ENTEROSTOMAL	0	0	589,892	0	589,892	76.01
76.02	03952	DIABETIC SERVICE	0	0	1,471,805	0	1,471,805	76.02
76.03	03953	WOUND CARE	0	0	1,500,453	0	1,500,453	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1,681,876	0	1,681,876	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0	0	2,051,613	0	2,051,613	76.05
76.07	03640	UROLOGY	0	0	21,115	0	21,115	76.07
76.08	03956	SLEEP DISORDERS	0	0	4,197,757	-98,672	4,099,085	76.08
76.09	03957	PAIN PROGRAM	0	0	1,891,549	0	1,891,549	76.09
76.10	03958	COMPELSEPSY	0	0	2,087,239	0	2,087,239	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	821,766	0	821,766	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	202,646	0	202,646	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	0	0	338,063	0	338,063	90.01
90.02	09002	LUNG CLINIC	0	0	53,629	0	53,629	90.02
90.04	09004	ST JUDE CLINIC	0	0	911,756	0	911,756	90.04
90.05	09005	SISTERS CLINIC	0	0	1,327,614	-861,456	466,158	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description			PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
90.06	09006	SPECIAL CLINICS	0	0	932,532	0	932,532	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	2,308,290	0	2,308,290	90.07
91.00	09100	EMERGENCY	0	0	33,478,736	-7,438,195	26,040,541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	3,641,221	0	3,641,221	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	61,741	0	61,741	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	2,971,359	0	2,971,359	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	141,623	0	141,623	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	252,988	211,761	676,607,944	-49,533,641	627,074,303	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	86,077	0	86,077	190.00
194.00	07950	SISTERS CONVENT	0	0	59,075	0	59,075	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	776,544	0	776,544	194.01
194.02	07952	COMMUNITY CLINIC	0	0	463,631	0	463,631	194.02
194.03	07953	FUND RAISING	0	0	7,323,431	0	7,323,431	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	148,518,916	-3,738,429	144,780,487	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	2,276,375	0	2,276,375	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	4,239,593	0	4,239,593	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	2,880,855	0	2,880,855	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	481,713	0	481,713	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	134,306	0	134,306	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	17,591,234	0	17,591,234	194.13
194.14	07964	MARKETING	0	0	1,875,450	0	1,875,450	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	252,988	211,761	863,315,144	-53,272,070	810,043,074	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	101	242,029	1,088	243,218	243,218 4.00
5.01 00560	PURCHASING RECEIVING AND STORES	105,866	62,704	21,813	190,383	681 5.01
5.02 00570	ADMINISTRATIVE	0	78,305	0	78,305	0 5.02
5.03 00540	OUTPATIENT REVENUES	0	29,092	1,848	30,940	197 5.03
5.04 00550	BUSINESS OFFICE	800	0	0	800	0 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	1,577,419	1,102,083	17,725,229	20,404,731	12,240 5.05
6.00 00600	MAINTENANCE & REPAIRS	5,372	4,269,062	1,322,564	5,596,998	4,046 6.00
7.00 00700	OPERATION OF PLANT	30,981	393,453	348,792	773,226	1,824 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	50,333	0	50,333	175 8.00
9.00 00900	HOUSEKEEPING	0	165,694	11,472	177,166	4,238 9.00
10.00 01000	DIETARY	0	127,845	23,866	151,711	2,525 10.00
11.00 01100	CAFETERIA	0	57,645	11,019	68,664	1,194 11.00
13.00 01300	NURSING ADMINISTRATION	34,836	266,487	277,834	579,157	7,732 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	806,964	526,498	389,241	1,722,703	2,559 14.00
15.00 01500	PHARMACY	255,147	169,931	314,227	739,305	8,580 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	31,911	179,666	470	212,047	2,700 16.00
18.00 01850	PARKING	23,940	751	505,269	529,960	0 18.00
20.00 02000	NURSING SCHOOL	204	1,008,332	89,498	1,098,034	3,194 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	32,509	0	0	32,509	9,464 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	43,416	1,093,099	1,633	1,138,148	3,947 22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	305 23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	0	16,452	0	16,452	94 23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	0	13,632	0	13,632	63 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	40,647	3,841,802	470,144	4,352,593	42,152 30.00
31.00 03100	INTENSIVE CARE UNIT	0	601,020	297,696	898,716	10,623 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	394,091	386,240	780,331	5,724 31.01
41.00 04100	SUBPROVIDER - IRF	0	46,578	9,416	55,994	1,841 41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,108,294	1,365,665	1,149,110	3,623,069	11,032 50.00
51.00 05100	RECOVERY ROOM	0	76,591	12,008	88,599	1,802 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	175,896	96,695	272,591	2,707 52.00
53.00 05300	ANESTHESIOLOGY	0	18,096	198,437	216,533	333 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,145,169	1,063,327	1,896,961	6,105,457	11,194 54.00
57.00 05700	CT SCAN	1,750,745	54,414	38,571	1,843,730	1,408 57.00
58.00 05800	MRI	1,754,886	216,891	170,567	2,142,344	1,531 58.00
59.00 05900	CARDIAC CATHETERIZATION	573,138	106,476	480,042	1,159,656	1,440 59.00
60.00 06000	LABORATORY	342,785	488,692	483,659	1,315,136	7,671 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	108,275	411	108,686	525 63.00
64.00 06400	INTRAVENOUS THERAPY	214,279	27,278	16,185	257,742	586 64.00
65.00 06500	RESPIRATORY THERAPY	104,910	121,100	247,237	473,247	4,502 65.00
66.00 06600	PHYSICAL THERAPY	298,718	401,006	95,081	794,805	5,744 66.00
68.00 06800	SPEECH PATHOLOGY	0	23,834	31,632	55,466	459 68.00
69.00 06900	ELECTROCARDIOLOGY	222,306	118,946	145,694	486,946	2,065 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,472	78,349	81,821	516 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	38,260	4,004	42,264	101 74.00
76.00 03950	DIGESTIVE DISEASES	287,767	170,866	193,368	652,001	1,379 76.00
76.01 03951	ENTEROSTOMAL	0	0	0	0	260 76.01
76.02 03952	DIABETIC SERVICE	26,286	64,829	4,404	95,519	550 76.02
76.03 03953	WOUND CARE	0	61,443	6,879	68,322	352 76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	89,471	615	90,086	544 76.04
76.05 03954	NEURODIAGNOSTIC CENTER	26,306	38,118	0	64,424	374 76.05
76.07 03640	UROLOGY	0	0	4,320	4,320	5 76.07
76.08 03956	SLEEP DISORDERS	4,128	70,951	39,888	114,967	1,321 76.08
76.09 03957	PAIN PROGRAM	0	76,520	10,385	86,905	543 76.09
76.10 03958	COMPELSEPSY	0	77,781	243	78,024	316 76.10
76.97 07697	CARDIAC REHABILITATION	17,181	3,146	14,721	35,048	332 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	VOICE CLINIC	0	7,014	69,208	76,222	50 90.01
90.02 09002	LUNG CLINIC	0	8,757	1,716	10,473	0 90.02
90.04 09004	ST JUDE CLINIC	0	104,761	4,148	108,909	607 90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
90.05 09005 SISTERS CLINIC	0	0	15,078	15,078	524	90.05
90.06 09006 SPECIAL CLINICS	0	32,351	4,685	37,036	198	90.06
90.07 09007 PALLIATIVE CARE CLINIC	0	20,830	0	20,830	686	90.07
91.00 09100 EMERGENCY	324,018	551,325	236,906	1,112,249	11,753	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	235,383	101,630	337,013	967	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	19,603	19,603	22	95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	34,386	0	1,896	36,282	356	105.00
109.00 10900 PANCREAS ACQUISITION	34,386	0	0	34,386	40	109.00
118.00						
SUBTOTALS (SUM OF LINES 1-117)						
	13,259,801	20,758,349	28,083,695	62,101,845	200,893	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,808	8,567	23,375	0	190.00
194.00 07950 SISTERS CONVENT	0	0	0	0	31	194.00
194.01 07951 BRADLEY HEALTH SVC	0	0	0	0	332	194.01
194.02 07952 COMMUNITY CLINIC	0	0	0	0	162	194.02
194.03 07953 FUND RAISING	135,694	2,423	3,894	142,011	661	194.03
194.04 07954 OUTREACH PHYSICIAN	3,004,278	764,503	428,278	4,197,059	35,228	194.04
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	72	194.05
194.07 07957 RESEARCH, WELLNESS, WC	220,492	21,411	12,722	254,625	1,408	194.07
194.08 07958 INDUSTRIAL REHAB	96,454	92,787	3,670	192,911	1,327	194.08
194.10 07960 IN-SCHOOL CLINIC	2,157	82,542	55	84,754	209	194.10
194.11 07961 REGIONAL ACTIVITIES	0	14,057	0	14,057	26	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13 07963 CFH - ASC LLC	1,071,157	270,852	371,835	1,713,844	2,554	194.13
194.14 07964 MARKETING	1,095	1,034	0	2,129	315	194.14
200.00				0		200.00
Cross Foot Adjustments						
201.00				0		201.00
Negative Cost Centers						
202.00				0		202.00
TOTAL (sum lines 118-201)						
	17,791,128	22,022,766	28,912,716	68,726,610	243,218	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/28/2016 8:03 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	191,064					5.01
5.02	00570	ADMINISTRATIVE	0	78,305				5.02
5.03	00540	OUTPATIENT REVENUES	0	0	31,137			5.03
5.04	00550	BUSINESS OFFICE	0	0	0	800		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	800	20,417,771	5.05
6.00	00600	MAINTENANCE & REPAIRS	31,122	0	0	0	793,002	6.00
7.00	00700	OPERATION OF PLANT	11,409	0	0	0	357,620	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	88	0	0	0	24,475	8.00
9.00	00900	HOUSEKEEPING	8,471	0	0	0	307,243	9.00
10.00	01000	DIETARY	1,507	0	0	0	147,803	10.00
11.00	01100	CAFETERIA	557	0	0	0	80,479	11.00
13.00	01300	NURSING ADMINISTRATION	1,752	0	0	0	557,828	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,830	0	0	0	259,021	14.00
15.00	01500	PHARMACY	2,103	0	0	0	524,435	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,583	0	0	0	166,632	16.00
18.00	01850	PARKING	0	0	0	0	45,715	18.00
20.00	02000	NURSING SCHOOL	467	0	0	0	74,413	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	314	0	0	0	525,554	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	148	0	0	0	624,218	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	2	0	0	0	14,760	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	17	0	0	0	4,389	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	41	0	0	0	3,707	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	42,257	5,530	0	0	2,552,116	30.00
31.00	03100	INTENSIVE CARE UNIT	18,455	1,817	0	0	708,975	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,126	736	0	0	339,978	31.01
41.00	04100	SUBPROVIDER - IRF	2,767	206	0	0	110,930	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,024	5,978	0	0	864,088	50.00
51.00	05100	RECOVERY ROOM	157	960	0	0	100,076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,785	423	0	0	167,025	52.00
53.00	05300	ANESTHESIOLOGY	870	3,335	0	0	65,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,715	7,726	12,460	0	860,156	54.00
57.00	05700	CT SCAN	338	2,352	3,184	0	146,345	57.00
58.00	05800	MRI	481	1,262	2,043	0	157,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	536	4,362	0	0	103,543	59.00
60.00	06000	LABORATORY	2,078	11,468	11,102	0	795,851	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36	390	0	0	175,068	63.00
64.00	06400	INTRAVENOUS THERAPY	418	51	0	0	40,578	64.00
65.00	06500	RESPIRATORY THERAPY	468	3,255	0	0	301,281	65.00
66.00	06600	PHYSICAL THERAPY	951	894	0	0	332,831	66.00
68.00	06800	SPEECH PATHOLOGY	22	99	0	0	30,617	68.00
69.00	06900	ELECTROCARDIOLOGY	259	1,616	2,348	0	98,632	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72	303	0	0	29,992	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,134	0	0	846,556	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,179	0	0	991,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,171	0	0	730,578	73.00
74.00	07400	RENAL DIALYSIS	164	262	0	0	64,548	74.00
76.00	03950	DIGESTIVE DISEASES	4,684	1,012	0	0	115,626	76.00
76.01	03951	ENTEROSTOMAL	12	29	0	0	13,702	76.01
76.02	03952	DIABETIC SERVICE	90	4	0	0	28,364	76.02
76.03	03953	WOUND CARE	254	138	0	0	28,139	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	564	77	0	0	30,651	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	34	5	0	0	39,964	76.05
76.07	03640	UROLOGY	0	35	0	0	415	76.07
76.08	03956	SLEEP DISORDERS	203	308	0	0	88,383	76.08
76.09	03957	PAIN PROGRAM	217	168	0	0	36,354	76.09
76.10	03958	COMPEPILEPSY	39	9	0	0	41,768	76.10
76.97	07697	CARDIAC REHABILITATION	55	40	0	0	18,751	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHIOTHERAPY	0	57	0	0	4,656	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	51	21	0	0	7,207	90.01
90.02	09002	LUNG CLINIC	28	7	0	0	616	90.02
90.04	09004	ST JUDE CLINIC	270	40	0	0	10,954	90.04
90.05	09005	SISTERS CLINIC	11	0	0	0	10,667	90.05
90.06	09006	SPECIAL CLINICS	131	17	0	0	18,654	90.06
90.07	09007	PALLIATIVE CARE CLINIC	10	0	0	0	52,232	90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
91.00	09100	EMERGENCY	6,402	2,334	0	0	523,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	216	424	0	0	60,805	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	1,460	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	151	71	0	0	69,730	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	3,320	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	182,812	78,305	31,137	800	16,331,716	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	655	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	1,367	194.00
194.01	07951	BRADLEY HEALTH SVC	15	0	0	0	18,190	194.01
194.02	07952	COMMUNITY CLINIC	10	0	0	0	9,892	194.02
194.03	07953	FUND RAISING	899	0	0	0	172,096	194.03
194.04	07954	OUTREACH PHYSICIAN	6,612	0	0	0	3,266,025	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	53,807	194.05
194.07	07957	RESEARCH, WELLNESS, WC	254	0	0	0	92,159	194.07
194.08	07958	INDUSTRIAL REHAB	350	0	0	0	56,979	194.08
194.10	07960	IN-SCHOOL CLINIC	49	0	0	0	3,574	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	1,865	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	365,396	194.13
194.14	07964	MARKETING	63	0	0	0	44,050	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	191,064	78,305	31,137	800	20,417,771	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
6.00	00600	6,425,168					6.00
7.00	00700	155,670	1,299,749				7.00
8.00	00800	19,914	4,128	99,113			8.00
9.00	00900	65,557	13,591	1,767	578,033		9.00
10.00	01000	50,582	10,486	0	4,774	369,388	10.00
11.00	01100	22,807	4,728	0	2,153	0	11.00
13.00	01300	105,436	21,858	0	9,952	0	13.00
14.00	01400	208,310	43,185	2,048	19,662	0	14.00
15.00	01500	67,233	13,938	0	6,346	0	15.00
16.00	01600	71,085	14,737	0	6,710	0	16.00
18.00	01850	297	62	0	28	0	18.00
20.00	02000	398,947	82,707	0	37,743	0	20.00
21.00	02100	0	0	169	0	0	21.00
22.00	02200	432,485	89,660	0	40,303	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	6,509	1,349	0	614	0	23.01
23.02	02302	5,393	1,118	0	509	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,520,013	315,119	43,381	143,473	302,882	30.00
31.00	03100	237,794	49,298	11,649	22,446	43,790	31.00
31.01	02060	155,922	32,325	2,558	14,718	0	31.01
41.00	04100	18,429	3,820	2,497	1,739	19,337	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	540,327	112,017	7,943	51,002	0	50.00
51.00	05100	30,303	6,282	0	2,860	0	51.00
52.00	05200	69,593	14,428	2,652	6,569	3,379	52.00
53.00	05300	7,160	1,484	0	676	0	53.00
54.00	05400	420,706	87,218	5,863	39,711	0	54.00
57.00	05700	21,529	4,463	2,363	2,032	0	57.00
58.00	05800	85,813	17,790	849	8,100	0	58.00
59.00	05900	42,127	8,734	2,810	3,976	0	59.00
60.00	06000	193,351	40,084	701	18,251	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	42,839	8,881	0	4,044	0	63.00
64.00	06400	10,793	2,237	201	1,019	0	64.00
65.00	06500	47,913	9,933	208	4,523	0	65.00
66.00	06600	158,658	32,892	304	14,976	0	66.00
68.00	06800	9,430	1,955	153	890	0	68.00
69.00	06900	47,061	9,756	1,058	4,442	0	69.00
70.00	07000	1,374	285	319	130	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	15,138	3,138	562	1,429	0	74.00
76.00	03950	67,603	14,015	1,758	6,875	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03952	25,650	5,318	0	2,421	0	76.02
76.03	03953	24,310	5,040	0	0	0	76.03
76.04	03550	35,399	7,339	0	3,341	0	76.04
76.05	03954	15,081	3,127	0	1,424	0	76.05
76.07	03640	0	0	0	0	0	76.07
76.08	03956	28,072	5,820	336	2,650	0	76.08
76.09	03957	30,275	6,276	0	0	0	76.09
76.10	03958	30,774	6,380	0	2,905	0	76.10
76.97	07697	1,245	258	0	117	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	2,775	575	0	0	0	90.01
90.02	09002	3,465	718	0	0	0	90.02
90.04	09004	41,449	8,593	180	3,912	0	90.04
90.05	09005	0	0	0	0	0	90.05
90.06	09006	12,800	2,654	0	1,208	0	90.06
90.07	09007	8,242	1,709	0	778	0	90.07
91.00	09100	218,132	45,222	6,359	20,590	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	93,130	19,307	0	8,791	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,924,900	1,196,037	98,688	530,812	369,388	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,859	1,215	0	553	0	190.00
194.00	07950 SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952 COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953 FUND RAISING	959	199	0	90	0	194.03
194.04	07954 OUTREACH PHYSICIAN	302,476	62,707	425	28,551	0	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	8,471	1,756	0	800	0	194.07
194.08	07958 INDUSTRIAL REHAB	36,711	7,611	0	3,465	0	194.08
194.10	07960 IN-SCHOOL CLINIC	32,658	6,770	0	3,083	0	194.10
194.11	07961 REGIONAL ACTIVITIES	5,562	1,153	0	525	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	107,163	22,216	0	10,115	0	194.13
194.14	07964 MARKETING	409	85	0	39	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,425,168	1,299,749	99,113	578,033	369,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/28/2016 8:03 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	180,582					11.00
13.00	01300	7,795	1,291,510				13.00
14.00	01400	6,197	0	2,282,515			14.00
15.00	01500	5,223	0	0	1,367,163		15.00
16.00	01600	3,157	0	3	0	478,654	16.00
18.00	01850	0	0	0	0	0	18.00
20.00	02000	2,066	0	703	49	0	20.00
21.00	02100	8,692	0	231	0	0	21.00
22.00	02200	1,130	0	5,818	185	0	22.00
23.00	02300	195	0	17	0	0	23.00
23.01	02301	78	0	0	0	0	23.01
23.02	02302	39	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	41,470	741,000	61,078	0	34,231	30.00
31.00	03100	9,510	170,141	32,162	1,481	11,250	31.00
31.01	02060	4,404	79,009	10,643	0	4,557	31.01
41.00	04100	1,949	34,423	2,091	0	1,278	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	10,407	185,760	0	0	37,007	50.00
51.00	05100	1,403	25,178	3,598	90	5,941	51.00
52.00	05200	2,417	43,208	11,955	0	2,619	52.00
53.00	05300	273	5,051	42,139	13,888	20,648	53.00
54.00	05400	9,978	0	0	0	47,828	54.00
57.00	05700	1,286	0	17,483	0	14,559	57.00
58.00	05800	1,169	0	20,554	0	7,811	58.00
59.00	05900	1,208	0	0	0	27,002	59.00
60.00	06000	9,471	0	14,908	0	64,885	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	624	0	1,618	5	2,417	63.00
64.00	06400	507	0	0	0	318	64.00
65.00	06500	4,288	0	0	66	20,148	65.00
66.00	06600	4,911	0	2,961	4,974	5,535	66.00
68.00	06800	351	0	10,464	0	614	68.00
69.00	06900	2,105	0	1,285	8	10,004	69.00
70.00	07000	546	0	323	0	1,878	70.00
71.00	07100	0	0	1,802,417	0	44,164	71.00
72.00	07200	0	0	0	0	25,869	72.00
73.00	07300	0	0	0	1,133,403	56,771	73.00
74.00	07400	78	0	608	24	1,620	74.00
76.00	03950	1,247	0	0	0	6,266	76.00
76.01	03951	234	0	9	0	180	76.01
76.02	03952	507	0	0	0	27	76.02
76.03	03953	312	0	9,792	274	853	76.03
76.04	03550	780	0	10	0	475	76.04
76.05	03954	429	7,740	70	710	31	76.05
76.07	03640	0	0	0	0	218	76.07
76.08	03956	1,208	0	1,369	0	1,909	76.08
76.09	03957	429	0	4,309	3,799	1,037	76.09
76.10	03958	390	0	3	50	58	76.10
76.97	07697	351	0	98	34	247	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	355	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	39	0	342	383	130	90.01
90.02	09002	0	0	0	0	44	90.02
90.04	09004	624	0	0	0	248	90.04
90.05	09005	468	0	0	0	0	90.05
90.06	09006	234	0	684	174	108	90.06
90.07	09007	546	0	0	0	0	90.07

ALLOCATION OF CAPITAL RELATED COSTS

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Period:  
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	11,498	0	47,137	0	14,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	741	0	450	1	2,626	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	1	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	351	0	12	262	440	105.00
109.00	10900	PANCREAS ACQUISITION	39	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	163,354	1,291,510	2,107,344	1,159,860	478,654	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	39	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	195	0	190	2	0	194.01
194.02	07952	COMMUNITY CLINIC	117	0	5	2,475	0	194.02
194.03	07953	FUND RAISING	351	0	4,479	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	12,083	0	28,531	185,401	0	194.04
194.05	07955	PHYSICIAN CONTRACT	39	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,884	0	379	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	1,013	0	730	4,093	0	194.08
194.10	07960	IN-SCHOOL CLINIC	156	0	1	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	78	0	140,856	15,332	0	194.13
194.14	07964	MARKETING	273	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	180,582	1,291,510	2,282,515	1,367,163	478,654	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

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From 10/01/2014  
To 09/30/2015

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Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	
	PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		21.00	22.00		23.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00540	OUTPATIENT REVENUES					5.03
5.04 00550	BUSINESS OFFICE					5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
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
18.00 01850	PARKING	576,062				18.00
20.00 02000	NURSING SCHOOL	7,522	1,705,845			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	31,649		608,582		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,116			2,340,158	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	710				23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	284				23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	142				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	151,004				30.00
31.00 03100	INTENSIVE CARE UNIT	34,629				31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	16,037				31.01
41.00 04100	SUBPROVIDER - I RF	7,096				41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	37,893				50.00
51.00 05100	RECOVERY ROOM	5,109				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,799				52.00
53.00 05300	ANESTHESIOLOGY	993				53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	36,332				54.00
57.00 05700	CT SCAN	4,683				57.00
58.00 05800	MRI	4,258				58.00
59.00 05900	CARDIAC CATHETERIZATION	4,400				59.00
60.00 06000	LABORATORY	34,487				60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0				62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,271				63.00
64.00 06400	INTRAVENOUS THERAPY	1,845				64.00
65.00 06500	RESPIRATORY THERAPY	15,611				65.00
66.00 06600	PHYSICAL THERAPY	17,882				66.00
68.00 06800	SPEECH PATHOLOGY	1,277				68.00
69.00 06900	ELECTROCARDIOLOGY	7,664				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,987				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	284				74.00
76.00 03950	DIGESTIVE DISEASES	4,542				76.00
76.01 03951	ENTEROSTOMAL	852				76.01
76.02 03952	DIABETIC SERVICE	1,845				76.02
76.03 03953	WOUND CARE	1,135				76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,838				76.04
76.05 03954	NEURODIAGNOSTIC CENTER	1,561				76.05
76.07 03640	UROLOGY	0				76.07
76.08 03956	SLEEP DISORDERS	4,400				76.08
76.09 03957	PAIN PROGRAM	1,561				76.09
76.10 03958	COMPEPILEPSY	1,419				76.10
76.97 07697	CARDIAC REHABILITATION	1,277				76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0				76.98
76.99 07699	LITHOTRI PSY	0				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	VOICE CLINIC	142				90.01
90.02 09002	LUNG CLINIC	0				90.02
90.04 09004	ST JUDE CLINIC	2,271				90.04
90.05 09005	SISTERS CLINIC	1,703				90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	
			PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			18.00	20.00	21.00	22.00	23.00	
90.06	09006	SPECIAL CLINICS	852					90.06
90.07	09007	PALLIATIVE CARE CLINIC	1,987					90.07
91.00	09100	EMERGENCY	41,867					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,697					92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0					95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,277					105.00
109.00	10900	PANCREAS ACQUISITION	142					109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	513,332	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00	07950	SISTERS CONVENT	142					194.00
194.01	07951	BRADLEY HEALTH SVC	710					194.01
194.02	07952	COMMUNITY CLINIC	426					194.02
194.03	07953	FUND RAISING	1,277					194.03
194.04	07954	OUTREACH PHYSICIAN	43,996					194.04
194.05	07955	PHYSICIAN CONTRACT	142					194.05
194.07	07957	RESEARCH, WELLNESS, WC	10,502					194.07
194.08	07958	INDUSTRIAL REHAB	3,690					194.08
194.10	07960	IN-SCHOOL CLINIC	568					194.10
194.11	07961	REGIONAL ACTIVITIES	0					194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0					194.12
194.13	07963	CFH - ASC LLC	284					194.13
194.14	07964	MARKETING	993					194.14
200.00		Cross Foot Adjustments		1,705,845	608,582	2,340,158	15,989	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	576,062	1,705,845	608,582	2,340,158	15,989	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description			PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
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
18.00	01850	PARKING						18.00
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	PARAMEDICAL EDUCATION PROGRAM						23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	29,786					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY		24,644				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS			10,348,299	0	10,348,299	30.00
31.00	03100	INTENSIVE CARE UNIT			2,262,736	0	2,262,736	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			1,451,068	0	1,451,068	31.01
41.00	04100	SUBPROVIDER - I&R			264,397	0	264,397	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM			5,497,547	0	5,497,547	50.00
51.00	05100	RECOVERY ROOM			272,358	0	272,358	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			610,150	0	610,150	52.00
53.00	05300	ANESTHESIOLOGY			379,111	0	379,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			7,648,344	0	7,648,344	54.00
57.00	05700	CT SCAN			2,065,755	0	2,065,755	57.00
58.00	05800	MRI			2,451,335	0	2,451,335	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,359,794	0	1,359,794	59.00
60.00	06000	LABORATORY			2,519,444	0	2,519,444	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.			0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			347,404	0	347,404	63.00
64.00	06400	INTRAVENOUS THERAPY			316,295	0	316,295	64.00
65.00	06500	RESPIRATORY THERAPY			885,443	0	885,443	65.00
66.00	06600	PHYSICAL THERAPY			1,378,318	0	1,378,318	66.00
68.00	06800	SPEECH PATHOLOGY			111,797	0	111,797	68.00
69.00	06900	ELECTROCARDIOLOGY			675,249	0	675,249	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			119,546	0	119,546	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			2,700,271	0	2,700,271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,021,644	0	1,021,644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,929,923	0	1,929,923	73.00
74.00	07400	RENAL DIALYSIS			130,220	0	130,220	74.00
76.00	03950	DIGESTIVE DISEASES			877,008	0	877,008	76.00
76.01	03951	ENTEROSTOMAL			15,278	0	15,278	76.01
76.02	03952	DIABETIC SERVICE			160,295	0	160,295	76.02
76.03	03953	WOUND CARE			138,921	0	138,921	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			172,104	0	172,104	76.04
76.05	03954	NEURODIAGNOSTIC CENTER			134,974	0	134,974	76.05
76.07	03640	UROLOGY			4,993	0	4,993	76.07
76.08	03956	SLEEP DISORDERS			250,946	0	250,946	76.08
76.09	03957	PAIN PROGRAM			171,873	0	171,873	76.09
76.10	03958	COMPEPILEPSY			162,135	0	162,135	76.10
76.97	07697	CARDIAC REHABILITATION			57,853	0	57,853	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0	0	76.98
76.99	07699	LITHOTRIPSY			5,068	0	5,068	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC			87,937	0	87,937	90.01
90.02	09002	LUNG CLINIC			15,351	0	15,351	90.02
90.04	09004	ST JUDE CLINIC			178,057	0	178,057	90.04
90.05	09005	SISTERS CLINIC			28,451	0	28,451	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B  
Part II  
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Cost Center Description			PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
90.06	09006	SPECIAL CLINICS			74,750	0	74,750	90.06
90.07	09007	PALLIATIVE CARE CLINIC			87,020	0	87,020	90.07
91.00	09100	EMERGENCY			2,061,576	0	2,061,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			527,168	0	527,168	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES			21,086	0	21,086	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			108,932	0	108,932	105.00
109.00	10900	PANCREAS ACQUISITION			37,927	0	37,927	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	52,126,151	0	52,126,151	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			31,657	0	31,657	190.00
194.00	07950	SISTERS CONVENT			1,579	0	1,579	194.00
194.01	07951	BRADLEY HEALTH SVC			19,634	0	19,634	194.01
194.02	07952	COMMUNITY CLINIC			13,087	0	13,087	194.02
194.03	07953	FUND RAISING			323,022	0	323,022	194.03
194.04	07954	OUTREACH PHYSICIAN			8,169,094	0	8,169,094	194.04
194.05	07955	PHYSICIAN CONTRACT			54,060	0	54,060	194.05
194.07	07957	RESEARCH, WELLNESS, WC			373,238	0	373,238	194.07
194.08	07958	INDUSTRIAL REHAB			308,880	0	308,880	194.08
194.10	07960	IN-SCHOOL CLINIC			131,822	0	131,822	194.10
194.11	07961	REGIONAL ACTIVITIES			23,188	0	23,188	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG			0	0	0	194.12
194.13	07963	CFH - ASC LLC			2,377,838	0	2,377,838	194.13
194.14	07964	MARKETING			48,356	0	48,356	194.14
200.00		Cross Foot Adjustments	29,786	24,644	4,725,004	0	4,725,004	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	29,786	24,644	68,726,610	0	68,726,610	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUISITION)	ADMITTING (TOTAL GROSS REVENUES)	
	BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,554,147				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		28,876,568			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,080	1,087	326,049,210		4.00
5.01 00560	PURCHASING RECEIVING AND STORES	4,425	21,786	913,175	13,106,848	5.01
5.02 00570	ADMITTING	5,526	0	0	0	3,679,829,285 5.02
5.03 00540	OUTPATIENT REVENUES	2,053	1,846	263,966	0	0 5.03
5.04 00550	BUSINESS OFFICE	0	0	0	0	0 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	77,774	17,703,072	16,407,038	0	0 5.05
6.00 00600	MAINTENANCE & REPAIRS	301,268	1,320,910	5,423,456	2,134,976	0 6.00
7.00 00700	OPERATION OF PLANT	27,766	348,356	2,444,378	782,661	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,552	0	234,575	6,028	0 8.00
9.00 00900	HOUSEKEEPING	11,693	11,458	5,681,604	581,138	0 9.00
10.00 01000	DIETARY	9,022	23,836	3,384,295	103,364	0 10.00
11.00 01100	CAFETERIA	4,068	11,005	1,600,834	38,199	0 11.00
13.00 01300	NURSING ADMINISTRATION	18,806	277,487	10,364,306	120,173	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	37,155	388,754	3,430,456	1,291,741	0 14.00
15.00 01500	PHARMACY	11,992	313,834	11,501,380	144,286	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,679	469	3,619,071	108,577	0 16.00
18.00 01850	PARKING	53	504,637	241	19	0 18.00
20.00 02000	NURSING SCHOOL	71,158	89,386	4,281,170	32,023	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	12,686,190	21,520	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	77,140	1,631	5,291,114	10,137	0 22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	408,901	154	0 23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	1,161	0	125,755	1,199	0 23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	962	0	84,665	2,796	0 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	271,116	469,556	56,522,370	2,898,704	263,312,502 30.00
31.00 03100	INTENSIVE CARE UNIT	42,414	297,324	14,240,508	1,266,059	86,539,521 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	27,811	385,757	7,673,092	283,038	35,052,918 31.01
41.00 04100	SUBPROVIDER - I&R	3,287	9,404	2,467,615	189,843	9,828,290 41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	96,375	1,147,673	14,788,713	756,262	284,668,718 50.00
51.00 05100	RECOVERY ROOM	5,405	11,993	2,415,468	10,747	45,703,032 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,413	96,574	3,628,820	122,427	20,145,010 52.00
53.00 05300	ANESTHESIOLOGY	1,277	198,189	446,300	59,658	158,833,135 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	75,039	1,894,589	15,005,787	254,829	367,908,809 54.00
57.00 05700	CT SCAN	3,840	38,523	1,887,759	23,173	111,993,644 57.00
58.00 05800	MRI	15,306	170,354	2,052,830	32,987	60,088,274 58.00
59.00 05900	CARDIAC CATHETERIZATION	7,514	479,442	1,930,948	36,792	207,707,628 59.00
60.00 06000	LABORATORY	34,487	483,054	10,282,833	142,534	496,982,583 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	7,641	410	703,202	2,441	18,592,643 63.00
64.00 06400	INTRAVENOUS THERAPY	1,925	16,165	785,730	28,698	2,447,349 64.00
65.00 06500	RESPIRATORY THERAPY	8,546	246,928	6,034,760	32,111	154,987,098 65.00
66.00 06600	PHYSICAL THERAPY	28,299	94,962	7,700,197	65,208	42,573,291 66.00
68.00 06800	SPEECH PATHOLOGY	1,682	31,592	615,832	1,516	4,725,326 68.00
69.00 06900	ELECTROCARDIOLOGY	8,394	145,512	2,767,791	17,773	76,956,357 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	245	78,251	691,582	4,962	14,448,280 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	339,726,414 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	198,994,803 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	436,698,322 73.00
74.00 07400	RENAL DIALYSIS	2,700	3,999	135,636	11,239	12,464,586 74.00
76.00 03950	DIGESTIVE DISEASES	12,058	193,126	1,848,144	321,353	48,199,645 76.00
76.01 03951	ENTEROSTOMAL	0	0	348,112	820	1,382,043 76.01
76.02 03952	DIABETIC SERVICE	4,575	4,398	737,266	6,171	208,375 76.02
76.03 03953	WOUND CARE	4,336	6,870	471,853	17,413	6,559,436 76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,314	614	728,894	38,698	3,650,729 76.04
76.05 03954	NEURO DIAGNOSTIC CENTER	2,690	0	501,676	2,308	236,993 76.05
76.07 03640	UROLOGY	0	4,315	7,314	0	1,678,608 76.07
76.08 03956	SLEEP DISORDERS	5,007	39,838	1,771,402	13,939	14,684,154 76.08
76.09 03957	PAIN PROGRAM	5,400	10,372	727,676	14,889	7,979,187 76.09
76.10 03958	COMP EPILEPSY	5,489	243	423,497	2,677	448,247 76.10
76.97 07697	CARDIAC REHABILITATION	222	14,703	445,122	3,762	1,897,905 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	2,729,554 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	VOICE CLINIC	495	69,121	67,174	3,497	1,002,068 90.01
90.02 09002	LUNG CLINIC	618	1,714	0	1,955	335,989 90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUISITION)	ADMITTING (TOTAL GROSS REVENUES)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
90.04	09004	ST JUDE CLINIC	7,393	4,143	813,641	18,501	1,906,232	90.04
90.05	09005	SISTERS CLINIC	0	15,059	702,076	736	0	90.05
90.06	09006	SPECIAL CLINICS	2,283	4,679	264,857	8,990	832,303	90.06
90.07	09007	PALLIATIVE CARE CLINIC	1,470	0	919,730	684	0	90.07
91.00	09100	EMERGENCY	38,907	236,610	15,755,255	439,177	111,127,149	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,611	101,503	1,295,835	14,832	20,202,923	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	19,578	29,829	0	8,085	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,894	476,939	10,350	3,381,127	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	53,308	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,464,917	28,048,585	269,313,943	12,540,744	3,679,829,285	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,045	8,556	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	41,714	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	444,940	1,027	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	217,748	713	0	194.02
194.03	07953	FUND RAISING	171	3,889	886,151	61,705	0	194.03
194.04	07954	OUTREACH PHYSICIAN	53,951	427,742	47,221,996	453,594	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	97,067	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	1,511	12,706	1,887,174	17,408	0	194.07
194.08	07958	INDUSTRIAL REHAB	6,548	3,665	1,778,367	24,029	0	194.08
194.10	07960	IN-SCHOOL CLINIC	5,825	55	280,134	3,340	0	194.10
194.11	07961	REGIONAL ACTIVITIES	992	0	34,541	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	19,114	371,370	3,423,012	0	0	194.13
194.14	07964	MARKETING	73	0	422,423	4,288	0	194.14
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)	22,022,766	28,912,716	118,214,092	3,016,988	78,305	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.170324	1.001252	0.362565	0.230184	0.000021	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			243,218	191,064	78,305	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000746	0.014577	0.000021	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description		OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)		
		5.03	5.04	5A.05	5.05	6.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00560	PURCHASING RECEIVING AND STORES					5.01	
5.02	00570	ADMINISTRATIVE					5.02	
5.03	00540	OUTPATIENT REVENUES	613,657,774				5.03	
5.04	00550	BUSINESS OFFICE	0				5.04	
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	3,679,829,285	-134,164,319	729,150,825	5.05	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	28,319,486	1,146,021	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	12,771,218	27,766	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	874,046	3,552	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,972,168	11,693	9.00
10.00	01000	DIETARY	0	0	0	5,278,299	9,022	10.00
11.00	01100	CAFETERIA	0	0	0	2,874,044	4,068	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	19,921,019	18,806	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	9,250,082	37,155	14.00
15.00	01500	PHARMACY	0	0	0	18,728,474	11,992	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,950,705	12,679	16.00
18.00	01850	PARKING	0	0	0	1,632,559	53	18.00
20.00	02000	NURSING SCHOOL	0	0	0	2,657,403	71,158	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	18,768,445	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22,291,921	77,140	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	527,113	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	156,742	1,161	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	132,381	962	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	263,312,502	0	91,140,475	271,116	30.00
31.00	03100	INTENSIVE CARE UNIT	0	86,539,521	0	25,318,743	42,414	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	35,052,918	0	12,141,204	27,811	31.01
41.00	04100	SUBPROVIDER - I RF	0	9,828,290	0	3,961,513	3,287	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	284,668,718	0	30,858,076	96,375	50.00
51.00	05100	RECOVERY ROOM	0	45,703,032	0	3,573,895	5,405	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,145,010	0	5,964,759	12,413	52.00
53.00	05300	ANESTHESIOLOGY	0	158,833,135	0	2,347,260	1,277	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	247,427,602	367,908,809	0	30,717,646	75,039	54.00
57.00	05700	CT SCAN	62,434,187	111,993,644	0	5,226,235	3,840	57.00
58.00	05800	MRI	40,061,853	60,088,274	0	5,618,530	15,306	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	207,707,628	0	3,697,711	7,514	59.00
60.00	06000	LABORATORY	217,689,748	496,982,583	0	28,421,215	34,487	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18,592,643	0	6,251,987	7,641	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,447,349	0	1,449,119	1,925	64.00
65.00	06500	RESPIRATORY THERAPY	0	154,987,098	0	10,759,271	8,546	65.00
66.00	06600	PHYSICAL THERAPY	0	42,573,291	0	11,885,963	28,299	66.00
68.00	06800	SPEECH PATHOLOGY	0	4,725,326	0	1,093,398	1,682	68.00
69.00	06900	ELECTROCARDIOLOGY	46,044,384	76,956,357	0	3,522,303	8,394	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,448,280	0	1,071,065	245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	339,726,414	0	30,231,979	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	198,994,803	0	35,411,625	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	436,698,322	0	26,090,208	0	73.00
74.00	07400	RENAL DIALYSIS	0	12,464,586	0	2,305,130	2,700	74.00
76.00	03950	DIGESTIVE DISEASES	0	48,199,645	0	4,129,189	12,058	76.00
76.01	03951	ENTEROSTOMAL	0	1,382,043	0	489,307	0	76.01
76.02	03952	DIABETIC SERVICE	0	208,375	0	1,012,922	4,575	76.02
76.03	03953	WOUND CARE	0	6,559,436	0	1,004,897	4,336	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,650,729	0	1,094,589	6,314	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	0	236,993	0	1,427,189	2,690	76.05
76.07	03640	UROLOGY	0	1,678,608	0	14,823	0	76.07
76.08	03956	SLEEP DISORDERS	0	14,684,154	0	3,156,306	5,007	76.08
76.09	03957	PAIN PROGRAM	0	7,979,187	0	1,298,263	5,400	76.09
76.10	03958	COMP EPILEPSY	0	448,247	0	1,491,608	5,489	76.10
76.97	07697	CARDIAC REHABILITATION	0	1,897,905	0	669,634	222	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	2,729,554	0	166,257	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	0	1,002,068	0	257,379	495	90.01
90.02	09002	LUNG CLINIC	0	335,989	0	21,983	618	90.02
90.04	09004	ST JUDE CLINIC	0	1,906,232	0	391,190	7,393	90.04
90.05	09005	SI SISTERS CLINIC	0	0	0	380,939	0	90.05
90.06	09006	SPECIAL CLINICS	0	832,303	0	666,174	2,283	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description			OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	1,865,279	1,470	90.07
91.00	09100	EMERGENCY	0	111,127,149	0	18,698,172	38,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	20,202,923	0	2,171,458	16,611	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	8,085	0	52,132	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,381,127	0	2,490,165	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	118,549	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	613,657,774	3,679,829,285	-134,164,319	583,233,819	1,056,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,375	1,045	190.00
194.00	07950	SISTERS CONVENT	0	0	0	48,829	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	649,585	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	353,273	0	194.02
194.03	07953	FUND RAISING	0	0	0	6,145,833	171	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	116,632,305	53,951	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	1,921,547	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	3,291,153	1,511	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	2,034,820	6,548	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	127,645	5,825	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	66,611	992	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	13,048,935	19,114	194.13
194.14	07964	MARKETING	0	0	0	1,573,095	73	194.14
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)	445,766	1,285		134,164,319	33,530,300	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000726	0.000000		0.184001	29.258015	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,137	800		20,417,771	6,425,168	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000051	0.000000		0.028002	5.606501	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (READ AS 0)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,118,255				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,552	4,728,981			8.00
9.00	00900	HOUSEKEEPING	11,693	84,326	1,092,275		9.00
10.00	01000	DIETARY	9,022	0	9,022	857,248	10.00
11.00	01100	CAFETERIA	4,068	0	4,068	0	11.00
13.00	01300	NURSING ADMINISTRATION	18,806	0	18,806	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37,155	97,721	37,155	0	14.00
15.00	01500	PHARMACY	11,992	0	11,992	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,679	0	12,679	0	16.00
18.00	01850	PARKING	53	0	53	0	18.00
20.00	02000	NURSING SCHOOL	71,158	0	71,320	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,078	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	77,140	0	76,159	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,161	0	1,161	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	962	0	962	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	271,116	2,069,800	271,116	702,907	30.00
31.00	03100	INTENSIVE CARE UNIT	42,414	555,790	42,414	101,625	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	27,811	122,041	27,811	0	31.01
41.00	04100	SUBPROVIDER - IRF	3,287	119,126	3,287	44,875	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	96,375	378,998	96,375	0	50.00
51.00	05100	RECOVERY ROOM	5,405	0	5,405	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,413	126,531	12,413	7,841	52.00
53.00	05300	ANESTHESIOLOGY	1,277	0	1,277	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,039	279,738	75,039	0	54.00
57.00	05700	CT SCAN	3,840	112,740	3,840	0	57.00
58.00	05800	MRI	15,306	40,489	15,306	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,514	134,072	7,514	0	59.00
60.00	06000	LABORATORY	34,487	33,438	34,487	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,641	0	7,641	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,925	9,609	1,925	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,546	9,931	8,546	0	65.00
66.00	06600	PHYSICAL THERAPY	28,299	14,515	28,299	0	66.00
68.00	06800	SPEECH PATHOLOGY	1,682	7,318	1,682	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,394	50,503	8,394	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	245	15,232	245	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	2,700	26,836	2,700	0	74.00
76.00	03950	DIGESTIVE DISEASES	12,058	83,874	12,991	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	4,575	0	4,575	0	76.02
76.03	03953	WOUND CARE	4,336	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,314	0	6,314	0	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	2,690	0	2,690	0	76.05
76.07	03640	UROLOGY	0	0	0	0	76.07
76.08	03956	SLEEP DISORDERS	5,007	16,020	5,007	0	76.08
76.09	03957	PAIN PROGRAM	5,400	0	0	0	76.09
76.10	03958	COMP EPILEPSY	5,489	0	5,489	0	76.10
76.97	07697	CARDIAC REHABILITATION	222	0	222	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001	VOICE CLINIC	495	0	0	0	90.01
90.02	09002	LUNG CLINIC	618	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	7,393	8,572	7,393	0	90.04
90.05	09005	SI STERS CLINIC	0	0	0	0	90.05
90.06	09006	SPECIAL CLINICS	2,283	0	2,283	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description			OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (READ AS 0)	
			7.00	8.00	9.00	10.00	11.00	
90.07	09007	PALLIATIVE CARE CLINIC	1,470	0	1,470	0	14	90.07
91.00	09100	EMERGENCY	38,907	303,396	38,907	0	295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,611	0	16,611	0	19	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	9	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	1	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,029,025	4,708,694	1,003,045	857,248	4,191	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,045	0	1,045	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	1	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	5	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	3	194.02
194.03	07953	FUND RAISING	171	0	171	0	9	194.03
194.04	07954	OUTREACH PHYSICIAN	53,951	20,287	53,951	0	310	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	1	194.05
194.07	07957	RESEARCH, WELLNESS, WC	1,511	0	1,511	0	74	194.07
194.08	07958	INDUSTRIAL REHAB	6,548	0	6,548	0	26	194.08
194.10	07960	IN-SCHOOL CLINIC	5,825	0	5,825	0	4	194.10
194.11	07961	REGIONAL ACTIVITIES	992	0	992	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	19,114	0	19,114	0	2	194.13
194.14	07964	MARKETING	73	0	73	0	7	194.14
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)	15,933,513	1,189,406	13,520,989	6,753,708	3,630,213	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.248551	0.251514	12.378741	7.878360	783.555580	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,299,749	99,113	578,033	369,388	180,582	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.162301	0.020959	0.529201	0.430900	38.977336	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	
	(READ AS 0)	(COSTED REQ UI S I T I O)	(COSTED REQ UI S I T I O)	(TOTAL GROS REVENUES)	(PARKING (TIME SPENT))	
	13.00	14.00	15.00	16.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00540 OUTPATIENT REVENUES						5.03
5.04 00550 BUSINESS OFFICE						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	185,383					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	38,275,569				14.00
15.00 01500 PHARMACY	0	0	36,009,897			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	48	0	3,679,829,285		16.00
18.00 01850 PARKING	0	0	0	0	4,059	18.00
20.00 02000 NURSING SCHOOL	0	11,784	1,290	0	53	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	3,878	0	0	223	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	97,570	4,867	0	29	22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	281	0	0	5	23.00
23.01 02301 PARAMEDICAL EDUC X-RAY	0	0	0	0	2	23.01
23.02 02302 PARAMEDICAL EDUC DIETARY	0	0	0	0	1	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	106,363	1,024,221	0	263,312,502	1,064	30.00
31.00 03100 INTENSIVE CARE UNIT	24,422	539,323	39,004	86,539,521	244	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	11,341	178,472	0	35,052,918	113	31.01
41.00 04100 SUBPROVIDER - I RF	4,941	35,069	13	9,828,290	50	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	26,664	0	0	284,668,718	267	50.00
51.00 05100 RECOVERY ROOM	3,614	60,330	2,359	45,703,032	36	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,202	200,472	0	20,145,010	62	52.00
53.00 05300 ANESTHESIOLOGY	725	706,625	365,793	158,833,135	7	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	367,908,809	256	54.00
57.00 05700 CT SCAN	0	293,169	0	111,993,644	33	57.00
58.00 05800 MRI	0	344,670	0	60,088,274	30	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	207,707,628	31	59.00
60.00 06000 LABORATORY	0	249,992	0	496,982,583	243	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	27,136	121	18,592,643	16	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	2,447,349	13	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	1,743	154,987,098	110	65.00
66.00 06600 PHYSICAL THERAPY	0	49,650	131,017	42,573,291	126	66.00
68.00 06800 SPEECH PATHOLOGY	0	175,467	0	4,725,326	9	68.00
69.00 06900 ELECTROCARDIOLOGY	0	21,546	220	76,956,357	54	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,417	0	14,448,280	14	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	30,224,845	0	339,726,414	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	198,994,803	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	29,852,797	436,698,322	0	73.00
74.00 07400 RENAL DIALYSIS	0	10,196	643	12,464,586	2	74.00
76.00 03950 DIGESTIVE DISEASES	0	0	0	48,199,645	32	76.00
76.01 03951 ENTEROSTOMAL	0	158	0	1,382,043	6	76.01
76.02 03952 DIABETIC SERVICE	0	0	0	208,375	13	76.02
76.03 03953 WOUND CARE	0	164,202	7,220	6,559,436	8	76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	171	0	3,650,729	20	76.04
76.05 03954 NEURO DIAGNOSTIC CENTER	1,111	1,168	18,692	236,993	11	76.05
76.07 03640 UROLOGY	0	0	0	1,678,608	0	76.07
76.08 03956 SLEEP DISORDERS	0	22,964	0	14,684,154	31	76.08
76.09 03957 PAIN PROGRAM	0	72,254	100,076	7,979,187	11	76.09
76.10 03958 COMPEPILEPSY	0	53	1,326	448,247	10	76.10
76.97 07697 CARDIAC REHABILITATION	0	1,636	902	1,897,905	9	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	2,729,554	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001 VOICE CLINIC	0	5,735	10,084	1,002,068	1	90.01
90.02 09002 LUNG CLINIC	0	0	0	335,989	0	90.02

COST ALLOCATION - STATISTICAL BASIS

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To 09/30/2015

Worksheet B-1  
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	
	(READ AS 0)	(COSTED REQ UI S I T I O)	(COSTED REQ UI S I T I O)	(TOTAL GROS REVENUES)	(PARKING (TIME SPENT))	
	13.00	14.00	15.00	16.00	18.00	
90.04 09004 ST JUDE CLINIC	0	0	0	1,906,232	16	90.04
90.05 09005 SISTERS CLINIC	0	0	0	0	12	90.05
90.06 09006 SPECIAL CLINICS	0	11,463	4,577	832,303	6	90.06
90.07 09007 PALLIATIVE CARE CLINIC	0	0	0	0	14	90.07
91.00 09100 EMERGENCY	0	790,442	0	111,127,149	295	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	7,546	26	20,202,923	19	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	8,085	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	207	6,910	3,381,127	9	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	1	109.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	185,383	35,338,160	30,549,680	3,679,829,285	3,617	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 SISTERS CONVENT	0	0	0	0	1	194.00
194.01 07951 BRADLEY HEALTH SVC	0	3,184	56	0	5	194.01
194.02 07952 COMMUNITY CLINIC	0	80	65,188	0	3	194.02
194.03 07953 FUND RAISING	0	75,107	0	0	9	194.03
194.04 07954 OUTREACH PHYSICIAN	0	478,428	4,883,344	0	310	194.04
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	1	194.05
194.07 07957 RESEARCH, WELLNESS, WC	0	6,353	0	0	74	194.07
194.08 07958 INDUSTRIAL REHAB	0	12,234	107,802	0	26	194.08
194.10 07960 IN-SCHOOL CLINIC	0	19	0	0	4	194.10
194.11 07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13 07963 CFH - ASC LLC	0	2,362,004	403,827	0	2	194.13
194.14 07964 MARKETING	0	0	0	0	7	194.14
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)	24,794,196	13,177,688	22,949,705	7,817,695	1,935,913	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	133.745791	0.344285	0.637317	0.002124	476.943336	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,291,510	2,282,515	1,367,163	478,654	576,062	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	6.966712	0.059634	0.037966	0.000130	141.922148	205.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM (DIRECT ALL OCATION)	PARAMEDICAL EDUC X-RAY (DIRECT ALL OCATION)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00540	OUTPATIENT REVENUES					5.03
5.04 00550	BUSINESS OFFICE					5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
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
18.00 01850	PARKING					18.00
20.00 02000	NURSING SCHOOL	89,033				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		608,996			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			608,996		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM				100	23.00
23.01 02301	PARAMEDICAL EDUC X-RAY					100
23.02 02302	PARAMEDICAL EDUC DIETARY					100
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	69,594	232,108	232,108	0	0
31.00 03100	INTENSIVE CARE UNIT	5,672	32,800	32,800	0	0
31.01 02060	NEONATAL INTENSIVE CARE UNIT	1,176	11,360	11,360	0	0
41.00 04100	SUBPROVIDER - I&R	0	11,303	11,303	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,415	58,392	58,392	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,507	22,848	22,848	0	0
53.00 05300	ANESTHESIOLOGY	104	4,088	4,088	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	896	62,208	62,208	0	100
57.00 05700	CT SCAN	0	2,824	2,824	0	0
58.00 05800	MRI	0	1,736	1,736	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	22,560	22,560	0	0
60.00 06000	LABORATORY	0	1,952	1,952	0	0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	656	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	448	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	3,928	3,928	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,144	2,144	0	0
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	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
76.00 03950	DIGESTIVE DISEASES	896	0	0	0	0
76.01 03951	ENTEROSTOMAL	0	0	0	0	0
76.02 03952	DIABETIC SERVICE	0	0	0	0	0
76.03 03953	WOUND CARE	456	0	0	0	0
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.05 03954	NEURO DIAGNOSTIC CENTER	448	0	0	0	0
76.07 03640	UROLOGY	0	0	0	0	0
76.08 03956	SLEEP DISORDERS	0	1,128	1,128	0	0
76.09 03957	PAIN PROGRAM	0	0	0	0	0
76.10 03958	COMP EPILEPSY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 09001	VOICE CLINIC	0	0	0	0	0
90.02 09002	LUNG CLINIC	0	0	0	0	0

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Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM (DIRECT ALLOCATION)	PARAMEDICAL EDUC X-RAY (DIRECT ALLOCATION)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00			
90.04 09004 ST JUDE CLINIC	112	0	0	0	0	90.04
90.05 09005 SISTERS CLINIC	0	9,848	9,848	0	0	90.05
90.06 09006 SPECIAL CLINICS	0	0	0	0	0	90.06
90.07 09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	1,741	85,032	85,032	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	896	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	87,017	566,259	566,259	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 SISTERS CONVENT	0	0	0	0	0	194.00
194.01 07951 BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02 07952 COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03 07953 FUND RAISING	0	0	0	0	0	194.03
194.04 07954 OUTREACH PHYSICIAN	0	42,737	42,737	0	0	194.04
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07 07957 RESEARCH, WELLNESS, WC	2,016	0	0	0	0	194.07
194.08 07958 INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10 07960 IN-SCHOOL CLINIC	0	0	0	0	0	194.10
194.11 07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13 07963 CFH - ASC LLC	0	0	0	0	0	194.13
194.14 07964 MARKETING	0	0	0	0	0	194.14
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)	7,196,745	22,506,316	30,765,754	630,502	252,988	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	80.832332	36.956427	50.518811	6,305.020000	2,529.880000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,705,845	608,582	2,340,158	15,989	29,786	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	19.159694	0.999320	3.842649	159.890000	297.860000	205.00

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Cost Center Description		PARAMEDICAL EDUC DIETARY (DIRECT ALL OCATION)	
		23.02	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	5.01
5.02	00570	ADMITTING	5.02
5.03	00540	OUTPATIENT REVENUES	5.03
5.04	00550	BUSINESS OFFICE	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
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
18.00	01850	PARKING	18.00
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	PARAMEDICAL EDUCATION PROGRAM	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	23.02
		100	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
41.00	04100	SUBPROVIDER - I RF	41.00
		100	
		0	
		0	
		0	
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
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	03950	DIGESTIVE DISEASES	76.00
76.01	03951	ENTEROSTOMAL	76.01
76.02	03952	DIABETIC SERVICE	76.02
76.03	03953	WOUND CARE	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	76.05
76.07	03640	UROLOGY	76.07
76.08	03956	SLEEP DISORDERS	76.08
76.09	03957	PAIN PROGRAM	76.09
76.10	03958	COMPEPILEPSY	76.10
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
		0	
		0	
		0	
		0	
		0	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.01	09001	VOICE CLINIC	90.01
90.02	09002	LUNG CLINIC	90.02
90.04	09004	ST JUDE CLINIC	90.04
90.05	09005	SISTERS CLINIC	90.05
90.06	09006	SPECIAL CLINICS	90.06
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet B-1

Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description		PARAMEDICAL EDUC DIETARY (DIRECT ALLO- CATION)	
		23.02	
90.07	09007 PALLIATIVE CARE CLINIC	0	90.07
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 SISTERS CONVENT	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	194.01
194.02	07952 COMMUNITY CLINIC	0	194.02
194.03	07953 FUND RAISING	0	194.03
194.04	07954 OUTREACH PHYSICIAN	0	194.04
194.05	07955 PHYSICIAN CONTRACT	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	0	194.07
194.08	07958 INDUSTRIAL REHAB	0	194.08
194.10	07960 IN-SCHOOL CLINIC	0	194.10
194.11	07961 REGIONAL ACTIVITIES	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	194.12
194.13	07963 CFH - ASC LLC	0	194.13
194.14	07964 MARKETING	0	194.14
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)	211,761	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,117.610000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	24,644	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	246.440000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		151,436,036	72,637	151,508,673	30.00
31.00	03100 INTENSIVE CARE UNIT		37,714,895	175,146	37,890,041	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		17,850,323	0	17,850,323	31.01
41.00	04100 SUBPROVIDER - I RF		6,014,453	0	6,014,453	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		46,639,027	318,155	46,957,182	50.00
51.00	05100 RECOVERY ROOM		5,181,637	0	5,181,637	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,071,679	0	9,071,679	52.00
53.00	05300 ANESTHESIOLOGY		3,778,488	0	3,778,488	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		42,063,198	130,893	42,194,091	54.00
57.00	05700 CT SCAN		6,811,226	0	6,811,226	57.00
58.00	05800 MRI		7,802,016	0	7,802,016	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,311,984	0	5,311,984	59.00
60.00	06000 LABORATORY		37,036,173	0	37,036,173	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		7,898,457	0	7,898,457	63.00
64.00	06400 INTRAVENOUS THERAPY		1,900,364	0	1,900,364	64.00
65.00	06500 RESPIRATORY THERAPY	0	13,688,041	81,606	13,769,647	65.00
66.00	06600 PHYSICAL THERAPY	0	16,007,984	0	16,007,984	66.00
68.00	06800 SPEECH PATHOLOGY	0	1,508,429	0	1,508,429	68.00
69.00	06900 ELECTROCARDIOLOGY		4,891,293	4,806	4,896,099	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,335,865	0	1,335,865	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		46,922,215	0	46,922,215	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		42,350,064	0	42,350,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		50,844,060	0	50,844,060	73.00
74.00	07400 RENAL DIALYSIS		2,919,833	0	2,919,833	74.00
76.00	03950 DIGESTIVE DISEASES		5,810,611	0	5,810,611	76.00
76.01	03951 ENTEROSTOMAL		589,892	0	589,892	76.01
76.02	03952 DIABETIC SERVICE		1,471,805	0	1,471,805	76.02
76.03	03953 WOUND CARE		1,500,453	0	1,500,453	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,681,876	0	1,681,876	76.04
76.05	03954 NEURODIAGNOSTIC CENTER		2,051,613	0	2,051,613	76.05
76.07	03640 UROLOGY		21,115	0	21,115	76.07
76.08	03956 SLEEP DISORDERS		4,099,085	100,084	4,199,169	76.08
76.09	03957 PAIN PROGRAM		1,891,549	35,534	1,927,083	76.09
76.10	03958 COMPEPILEPSY		2,087,239	0	2,087,239	76.10
76.97	07697 CARDIAC REHABILITATION		821,766	0	821,766	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		202,646	0	202,646	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001 VOICE CLINIC		338,063	23,241	361,304	90.01
90.02	09002 LUNG CLINIC		53,629	0	53,629	90.02
90.04	09004 ST JUDE CLINIC		911,756	0	911,756	90.04
90.05	09005 SISTERS CLINIC		466,158	0	466,158	90.05
90.06	09006 SPECIAL CLINICS		932,532	0	932,532	90.06
90.07	09007 PALLIATIVE CARE CLINIC		2,308,290	4,771	2,313,061	90.07
91.00	09100 EMERGENCY		26,040,541	2,939,956	28,980,497	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		10,718,582	0	10,718,582	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		3,641,221	0	3,641,221	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		61,741	10,983	72,724	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		2,971,359	0	2,971,359	105.00
109.00	10900 PANCREAS ACQUISITION		141,623	0	141,623	109.00
200.00	Subtotal (see instructions)		637,792,885	3,897,812	641,690,697	200.00
201.00	Less Observation Beds		10,718,582	0	10,718,582	201.00
202.00	Total (see instructions)		627,074,303	3,897,812	630,972,115	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	263,312,502		263,312,502			30.00
31.00	03100	INTENSIVE CARE UNIT	86,539,521		86,539,521			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	35,052,918		35,052,918			31.01
41.00	04100	SUBPROVIDER - IRF	9,828,290		9,828,290			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	165,942,595	118,726,123	284,668,718	0.163836	0.000000	50.00
51.00	05100	RECOVERY ROOM	19,072,178	26,630,854	45,703,032	0.113376	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,079,776	2,065,234	20,145,010	0.450319	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	85,391,685	73,441,450	158,833,135	0.023789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,481,212	247,427,597	367,908,809	0.114330	0.000000	54.00
57.00	05700	CT SCAN	49,559,458	62,434,186	111,993,644	0.060818	0.000000	57.00
58.00	05800	MRI	20,026,422	40,061,852	60,088,274	0.129843	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,975,034	118,732,594	207,707,628	0.025574	0.000000	59.00
60.00	06000	LABORATORY	279,292,840	217,689,743	496,982,583	0.074522	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,783,210	2,809,433	18,592,643	0.424816	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	137,692	2,309,657	2,447,349	0.776499	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	144,615,770	10,371,328	154,987,098	0.088317	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	32,139,732	10,433,559	42,573,291	0.376010	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	3,562,141	1,163,185	4,725,326	0.319222	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	30,911,974	46,044,383	76,956,357	0.063559	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,549,873	2,898,407	14,448,280	0.092458	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	251,476,793	88,249,621	339,726,414	0.138118	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,395,064	50,599,739	198,994,803	0.212820	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	308,094,803	128,603,519	436,698,322	0.116428	0.000000	73.00
74.00	07400	RENAL DIALYSIS	11,718,857	745,729	12,464,586	0.234250	0.000000	74.00
76.00	03950	DIGESTIVE DISEASES	19,427,358	28,772,287	48,199,645	0.120553	0.000000	76.00
76.01	03951	ENTEROSTOMAL	1,353,229	28,814	1,382,043	0.426826	0.000000	76.01
76.02	03952	DIABETIC SERVICE	0	208,375	208,375	7.063251	0.000000	76.02
76.03	03953	WOUND CARE	69,858	6,489,578	6,559,436	0.228747	0.000000	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	567,866	3,082,863	3,650,729	0.460696	0.000000	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	126	236,867	236,993	8.656851	0.000000	76.05
76.07	03640	UROLOGY	1,580,055	98,553	1,678,608	0.012579	0.000000	76.07
76.08	03956	SLEEP DISORDERS	27,899	14,656,255	14,684,154	0.279150	0.000000	76.08
76.09	03957	PAIN PROGRAM	722	7,978,465	7,979,187	0.237060	0.000000	76.09
76.10	03958	COMP EPILEPSY	378	447,869	448,247	4.656448	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	572,687	1,325,218	1,897,905	0.432986	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	52,998	2,676,556	2,729,554	0.074241	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	1,301	1,000,767	1,002,068	0.337365	0.000000	90.01
90.02	09002	LUNG CLINIC	0	335,989	335,989	0.159615	0.000000	90.02
90.04	09004	ST JUDE CLINIC	71,787	1,834,445	1,906,232	0.478303	0.000000	90.04
90.05	09005	SISTERS CLINIC	0	0	0	0.000000	0.000000	90.05
90.06	09006	SPECIAL CLINICS	21,607	810,696	832,303	1.120424	0.000000	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	31,770,706	79,356,443	111,127,149	0.234331	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,360,026	16,842,897	20,202,923	0.180232	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	270	7,815	8,085	7.636487	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	3,246,630	134,497	3,381,127			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
200.00		Subtotal (see instructions)	2,262,065,843	1,417,763,442	3,679,829,285			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,262,065,843	1,417,763,442	3,679,829,285			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100 SUBPROVIDER - I RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.164954		50.00
51.00	05100 RECOVERY ROOM	0.113376		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.450319		52.00
53.00	05300 ANESTHESIOLOGY	0.023789		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114686		54.00
57.00	05700 CT SCAN	0.060818		57.00
58.00	05800 MRI	0.129843		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.025574		59.00
60.00	06000 LABORATORY	0.074522		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.424816		63.00
64.00	06400 INTRAVENOUS THERAPY	0.776499		64.00
65.00	06500 RESPIRATORY THERAPY	0.088844		65.00
66.00	06600 PHYSICAL THERAPY	0.376010		66.00
68.00	06800 SPEECH PATHOLOGY	0.319222		68.00
69.00	06900 ELECTROCARDIOLOGY	0.063622		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.092458		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.138118		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.212820		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.116428		73.00
74.00	07400 RENAL DIALYSIS	0.234250		74.00
76.00	03950 DIGESTIVE DISEASES	0.120553		76.00
76.01	03951 ENTEROSTOMAL	0.426826		76.01
76.02	03952 DIABETIC SERVICE	7.063251		76.02
76.03	03953 WOUND CARE	0.228747		76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460696		76.04
76.05	03954 NEURODIAGNOSTIC CENTER	8.656851		76.05
76.07	03640 UROLOGY	0.012579		76.07
76.08	03956 SLEEP DISORDERS	0.285966		76.08
76.09	03957 PAIN PROGRAM	0.241514		76.09
76.10	03958 COMPL. EPILEPSY	4.656448		76.10
76.97	07697 CARDIAC REHABILITATION	0.432986		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.074241		76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 VOICE CLINIC	0.360558		90.01
90.02	09002 LUNG CLINIC	0.159615		90.02
90.04	09004 ST JUDE CLINIC	0.478303		90.04
90.05	09005 SISTERS CLINIC	0.000000		90.05
90.06	09006 SPECIAL CLINICS	1.120424		90.06
90.07	09007 PALLIATIVE CARE CLINIC	0.000000		90.07
91.00	09100 EMERGENCY	0.260787		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.180232		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	8.994929		95.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
109.00	10900 PANCREAS ACQUISITION			109.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		151,436,036		72,637	151,508,673	30.00
31.00	03100 INTENSIVE CARE UNIT		37,714,895		175,146	37,890,041	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		17,850,323		0	17,850,323	31.01
41.00	04100 SUBPROVIDER - I RF		6,014,453		0	6,014,453	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		46,639,027		318,155	46,957,182	50.00
51.00	05100 RECOVERY ROOM		5,181,637		0	5,181,637	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,071,679		0	9,071,679	52.00
53.00	05300 ANESTHESIOLOGY		3,778,488		0	3,778,488	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		42,063,198		130,893	42,194,091	54.00
57.00	05700 CT SCAN		6,811,226		0	6,811,226	57.00
58.00	05800 MRI		7,802,016		0	7,802,016	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,311,984		0	5,311,984	59.00
60.00	06000 LABORATORY		37,036,173		0	37,036,173	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0		0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		7,898,457		0	7,898,457	63.00
64.00	06400 INTRAVENOUS THERAPY		1,900,364		0	1,900,364	64.00
65.00	06500 RESPIRATORY THERAPY	0	13,688,041		81,606	13,769,647	65.00
66.00	06600 PHYSICAL THERAPY	0	16,007,984		0	16,007,984	66.00
68.00	06800 SPEECH PATHOLOGY	0	1,508,429		0	1,508,429	68.00
69.00	06900 ELECTROCARDIOLOGY		4,891,293		4,806	4,896,099	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,335,865		0	1,335,865	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		46,922,215		0	46,922,215	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		42,350,064		0	42,350,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		50,844,060		0	50,844,060	73.00
74.00	07400 RENAL DIALYSIS		2,919,833		0	2,919,833	74.00
76.00	03950 DIGESTIVE DISEASES		5,810,611		0	5,810,611	76.00
76.01	03951 ENTEROSTOMAL		589,892		0	589,892	76.01
76.02	03952 DIABETIC SERVICE		1,471,805		0	1,471,805	76.02
76.03	03953 WOUND CARE		1,500,453		0	1,500,453	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,681,876		0	1,681,876	76.04
76.05	03954 NEURODIAGNOSTIC CENTER		2,051,613		0	2,051,613	76.05
76.07	03640 UROLOGY		21,115		0	21,115	76.07
76.08	03956 SLEEP DISORDERS		4,099,085		100,084	4,199,169	76.08
76.09	03957 PAIN PROGRAM		1,891,549		35,534	1,927,083	76.09
76.10	03958 COMPEPILEPSY		2,087,239		0	2,087,239	76.10
76.97	07697 CARDIAC REHABILITATION		821,766		0	821,766	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	0	76.98
76.99	07699 LI THOTRI PSY		202,646		0	202,646	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 VOICE CLINIC		338,063		23,241	361,304	90.01
90.02	09002 LUNG CLINIC		53,629		0	53,629	90.02
90.04	09004 ST JUDE CLINIC		911,756		0	911,756	90.04
90.05	09005 SISTERS CLINIC		466,158		0	466,158	90.05
90.06	09006 SPECIAL CLINICS		932,532		0	932,532	90.06
90.07	09007 PALLIATIVE CARE CLINIC		2,308,290		4,771	2,313,061	90.07
91.00	09100 EMERGENCY		26,040,541		2,939,956	28,980,497	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		10,718,582		0	10,718,582	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		3,641,221		0	3,641,221	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		61,741		10,983	72,724	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION		2,971,359			2,971,359	105.00
109.00	10900 PANCREAS ACQUISITION		141,623			141,623	109.00
200.00	Subtotal (see instructions)	0	637,792,885		3,897,812	641,690,697	200.00
201.00	Less Observation Beds		10,718,582			10,718,582	201.00
202.00	Total (see instructions)	0	627,074,303		3,897,812	630,972,115	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	263,312,502		263,312,502			30.00
31.00	03100	INTENSIVE CARE UNIT	86,539,521		86,539,521			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	35,052,918		35,052,918			31.01
41.00	04100	SUBPROVIDER - IRF	9,828,290		9,828,290			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	165,942,595	118,726,123	284,668,718	0.163836	0.000000	50.00
51.00	05100	RECOVERY ROOM	19,072,178	26,630,854	45,703,032	0.113376	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,079,776	2,065,234	20,145,010	0.450319	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	85,391,685	73,441,450	158,833,135	0.023789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,481,212	247,427,597	367,908,809	0.114330	0.000000	54.00
57.00	05700	CT SCAN	49,559,458	62,434,186	111,993,644	0.060818	0.000000	57.00
58.00	05800	MRI	20,026,422	40,061,852	60,088,274	0.129843	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,975,034	118,732,594	207,707,628	0.025574	0.000000	59.00
60.00	06000	LABORATORY	279,292,840	217,689,743	496,982,583	0.074522	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,783,210	2,809,433	18,592,643	0.424816	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	137,692	2,309,657	2,447,349	0.776499	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	144,615,770	10,371,328	154,987,098	0.088317	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	32,139,732	10,433,559	42,573,291	0.376010	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	3,562,141	1,163,185	4,725,326	0.319222	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	30,911,974	46,044,383	76,956,357	0.063559	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,549,873	2,898,407	14,448,280	0.092458	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	251,476,793	88,249,621	339,726,414	0.138118	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,395,064	50,599,739	198,994,803	0.212820	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	308,094,803	128,603,519	436,698,322	0.116428	0.000000	73.00
74.00	07400	RENAL DIALYSIS	11,718,857	745,729	12,464,586	0.234250	0.000000	74.00
76.00	03950	DIGESTIVE DISEASES	19,427,358	28,772,287	48,199,645	0.120553	0.000000	76.00
76.01	03951	ENTEROSTOMAL	1,353,229	28,814	1,382,043	0.426826	0.000000	76.01
76.02	03952	DIABETIC SERVICE	0	208,375	208,375	7.063251	0.000000	76.02
76.03	03953	WOUND CARE	69,858	6,489,578	6,559,436	0.228747	0.000000	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	567,866	3,082,863	3,650,729	0.460696	0.000000	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	126	236,867	236,993	8.656851	0.000000	76.05
76.07	03640	UROLOGY	1,580,055	98,553	1,678,608	0.012579	0.000000	76.07
76.08	03956	SLEEP DISORDERS	27,899	14,656,255	14,684,154	0.279150	0.000000	76.08
76.09	03957	PAIN PROGRAM	722	7,978,465	7,979,187	0.237060	0.000000	76.09
76.10	03958	COMP EPILEPSY	378	447,869	448,247	4.656448	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	572,687	1,325,218	1,897,905	0.432986	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	52,998	2,676,556	2,729,554	0.074241	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	1,301	1,000,767	1,002,068	0.337365	0.000000	90.01
90.02	09002	LUNG CLINIC	0	335,989	335,989	0.159615	0.000000	90.02
90.04	09004	ST JUDE CLINIC	71,787	1,834,445	1,906,232	0.478303	0.000000	90.04
90.05	09005	SISTERS CLINIC	0	0	0	0.000000	0.000000	90.05
90.06	09006	SPECIAL CLINICS	21,607	810,696	832,303	1.120424	0.000000	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	31,770,706	79,356,443	111,127,149	0.234331	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,360,026	16,842,897	20,202,923	0.180232	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	270	7,815	8,085	7.636487	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	3,246,630	134,497	3,381,127			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
200.00		Subtotal (see instructions)	2,262,065,843	1,417,763,442	3,679,829,285			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,262,065,843	1,417,763,442	3,679,829,285			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100 SUBPROVIDER - I RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03950 DIGESTIVE DISEASES	0.000000		76.00
76.01	03951 ENTEROSTOMAL	0.000000		76.01
76.02	03952 DIABETIC SERVICE	0.000000		76.02
76.03	03953 WOUND CARE	0.000000		76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.04
76.05	03954 NEURODIAGNOSTIC CENTER	0.000000		76.05
76.07	03640 UROLOGY	0.000000		76.07
76.08	03956 SLEEP DISORDERS	0.000000		76.08
76.09	03957 PAIN PROGRAM	0.000000		76.09
76.10	03958 COMPL. EPILEPSY	0.000000		76.10
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 VOICE CLINIC	0.000000		90.01
90.02	09002 LUNG CLINIC	0.000000		90.02
90.04	09004 ST JUDE CLINIC	0.000000		90.04
90.05	09005 SISTERS CLINIC	0.000000		90.05
90.06	09006 SPECIAL CLINICS	0.000000		90.06
90.07	09007 PALLIATIVE CARE CLINIC	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
109.00	10900 PANCREAS ACQUISITION			109.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm		
		Title V	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Diallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	151,436,036	151,436,036	72,637	151,508,673	30.00
31.00	03100 INTENSIVE CARE UNIT	37,714,895	37,714,895	175,146	37,890,041	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	17,850,323	17,850,323	0	17,850,323	31.01
41.00	04100 SUBPROVIDER - I RF	6,014,453	6,014,453	0	6,014,453	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	46,639,027	46,639,027	318,155	46,957,182	50.00
51.00	05100 RECOVERY ROOM	5,181,637	5,181,637	0	5,181,637	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,071,679	9,071,679	0	9,071,679	52.00
53.00	05300 ANESTHESIOLOGY	3,778,488	3,778,488	0	3,778,488	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	42,063,198	42,063,198	130,893	42,194,091	54.00
57.00	05700 CT SCAN	6,811,226	6,811,226	0	6,811,226	57.00
58.00	05800 MRI	7,802,016	7,802,016	0	7,802,016	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,311,984	5,311,984	0	5,311,984	59.00
60.00	06000 LABORATORY	37,036,173	37,036,173	0	37,036,173	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,898,457	7,898,457	0	7,898,457	63.00
64.00	06400 INTRAVENOUS THERAPY	1,900,364	1,900,364	0	1,900,364	64.00
65.00	06500 RESPIRATORY THERAPY	13,688,041	13,688,041	81,606	13,769,647	65.00
66.00	06600 PHYSICAL THERAPY	16,007,984	16,007,984	0	16,007,984	66.00
68.00	06800 SPEECH PATHOLOGY	1,508,429	1,508,429	0	1,508,429	68.00
69.00	06900 ELECTROCARDIOLOGY	4,891,293	4,891,293	4,806	4,896,099	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,335,865	1,335,865	0	1,335,865	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	46,922,215	46,922,215	0	46,922,215	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	42,350,064	42,350,064	0	42,350,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,844,060	50,844,060	0	50,844,060	73.00
74.00	07400 RENAL DIALYSIS	2,919,833	2,919,833	0	2,919,833	74.00
76.00	03950 DIGESTIVE DISEASES	5,810,611	5,810,611	0	5,810,611	76.00
76.01	03951 ENTEROSTOMAL	589,892	589,892	0	589,892	76.01
76.02	03952 DIABETIC SERVICE	1,471,805	1,471,805	0	1,471,805	76.02
76.03	03953 WOUND CARE	1,500,453	1,500,453	0	1,500,453	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,681,876	1,681,876	0	1,681,876	76.04
76.05	03954 NEURODIAGNOSTIC CENTER	2,051,613	2,051,613	0	2,051,613	76.05
76.07	03640 UROLOGY	21,115	21,115	0	21,115	76.07
76.08	03956 SLEEP DISORDERS	4,099,085	4,099,085	100,084	4,199,169	76.08
76.09	03957 PAIN PROGRAM	1,891,549	1,891,549	35,534	1,927,083	76.09
76.10	03958 COMPILEPSY	2,087,239	2,087,239	0	2,087,239	76.10
76.97	07697 CARDIAC REHABILITATION	821,766	821,766	0	821,766	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	202,646	202,646	0	202,646	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	09001 VOICE CLINIC	338,063	338,063	23,241	361,304	90.01
90.02	09002 LUNG CLINIC	53,629	53,629	0	53,629	90.02
90.04	09004 ST JUDE CLINIC	911,756	911,756	0	911,756	90.04
90.05	09005 SISTERS CLINIC	466,158	466,158	0	466,158	90.05
90.06	09006 SPECIAL CLINICS	932,532	932,532	0	932,532	90.06
90.07	09007 PALLIATIVE CARE CLINIC	2,308,290	2,308,290	4,771	2,313,061	90.07
91.00	09100 EMERGENCY	26,040,541	26,040,541	2,939,956	28,980,497	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	10,718,582	10,718,582	0	10,718,582	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,641,221	3,641,221	0	3,641,221	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	61,741	61,741	10,983	72,724	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	2,971,359	2,971,359	0	2,971,359	105.00
109.00	10900 PANCREAS ACQUISITION	141,623	141,623	0	141,623	109.00
200.00	Subtotal (see instructions)	637,792,885	637,792,885	3,897,812	641,690,697	200.00
201.00	Less Observation Beds	10,718,582	10,718,582	0	10,718,582	201.00
202.00	Total (see instructions)	627,074,303	627,074,303	3,897,812	630,972,115	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm	
			Title V		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	263,312,502		263,312,502			30.00
31.00	03100	INTENSIVE CARE UNIT	86,539,521		86,539,521			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	35,052,918		35,052,918			31.01
41.00	04100	SUBPROVIDER - IRF	9,828,290		9,828,290			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	165,942,595	118,726,123	284,668,718	0.163836	0.000000	50.00
51.00	05100	RECOVERY ROOM	19,072,178	26,630,854	45,703,032	0.113376	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,079,776	2,065,234	20,145,010	0.450319	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	85,391,685	73,441,450	158,833,135	0.023789	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,481,212	247,427,597	367,908,809	0.114330	0.000000	54.00
57.00	05700	CT SCAN	49,559,458	62,434,186	111,993,644	0.060818	0.000000	57.00
58.00	05800	MRI	20,026,422	40,061,852	60,088,274	0.129843	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,975,034	118,732,594	207,707,628	0.025574	0.000000	59.00
60.00	06000	LABORATORY	279,292,840	217,689,743	496,982,583	0.074522	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,783,210	2,809,433	18,592,643	0.424816	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	137,692	2,309,657	2,447,349	0.776499	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	144,615,770	10,371,328	154,987,098	0.088317	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	32,139,732	10,433,559	42,573,291	0.376010	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	3,562,141	1,163,185	4,725,326	0.319222	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	30,911,974	46,044,383	76,956,357	0.063559	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,549,873	2,898,407	14,448,280	0.092458	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	251,476,793	88,249,621	339,726,414	0.138118	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,395,064	50,599,739	198,994,803	0.212820	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	308,094,803	128,603,519	436,698,322	0.116428	0.000000	73.00
74.00	07400	RENAL DIALYSIS	11,718,857	745,729	12,464,586	0.234250	0.000000	74.00
76.00	03950	DIGESTIVE DISEASES	19,427,358	28,772,287	48,199,645	0.120553	0.000000	76.00
76.01	03951	ENTEROSTOMAL	1,353,229	28,814	1,382,043	0.426826	0.000000	76.01
76.02	03952	DIABETIC SERVICE	0	208,375	208,375	7.063251	0.000000	76.02
76.03	03953	WOUND CARE	69,858	6,489,578	6,559,436	0.228747	0.000000	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	567,866	3,082,863	3,650,729	0.460696	0.000000	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	126	236,867	236,993	8.656851	0.000000	76.05
76.07	03640	UROLOGY	1,580,055	98,553	1,678,608	0.012579	0.000000	76.07
76.08	03956	SLEEP DISORDERS	27,899	14,656,255	14,684,154	0.279150	0.000000	76.08
76.09	03957	PAIN PROGRAM	722	7,978,465	7,979,187	0.237060	0.000000	76.09
76.10	03958	COMP EPILEPSY	378	447,869	448,247	4.656448	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	572,687	1,325,218	1,897,905	0.432986	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	52,998	2,676,556	2,729,554	0.074241	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	1,301	1,000,767	1,002,068	0.337365	0.000000	90.01
90.02	09002	LUNG CLINIC	0	335,989	335,989	0.159615	0.000000	90.02
90.04	09004	ST JUDE CLINIC	71,787	1,834,445	1,906,232	0.478303	0.000000	90.04
90.05	09005	SISTERS CLINIC	0	0	0	0.000000	0.000000	90.05
90.06	09006	SPECIAL CLINICS	21,607	810,696	832,303	1.120424	0.000000	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	31,770,706	79,356,443	111,127,149	0.234331	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,360,026	16,842,897	20,202,923	0.180232	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	270	7,815	8,085	7.636487	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	3,246,630	134,497	3,381,127			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
200.00		Subtotal (see instructions)	2,262,065,843	1,417,763,442	3,679,829,285			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,262,065,843	1,417,763,442	3,679,829,285			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/28/2016 8:03 pm
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100 SUBPROVIDER - I RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03950 DIGESTIVE DISEASES	0.000000		76.00
76.01	03951 ENTEROSTOMAL	0.000000		76.01
76.02	03952 DIABETIC SERVICE	0.000000		76.02
76.03	03953 WOUND CARE	0.000000		76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.04
76.05	03954 NEURODIAGNOSTIC CENTER	0.000000		76.05
76.07	03640 UROLOGY	0.000000		76.07
76.08	03956 SLEEP DISORDERS	0.000000		76.08
76.09	03957 PAIN PROGRAM	0.000000		76.09
76.10	03958 COMPL. EPILEPSY	0.000000		76.10
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 VOICE CLINIC	0.000000		90.01
90.02	09002 LUNG CLINIC	0.000000		90.02
90.04	09004 ST JUDE CLINIC	0.000000		90.04
90.05	09005 SISTERS CLINIC	0.000000		90.05
90.06	09006 SPECIAL CLINICS	0.000000		90.06
90.07	09007 PALLIATIVE CARE CLINIC	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
109.00	10900 PANCREAS ACQUISITION			109.00
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: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part I Date/Time Prepared: 2/28/2016 8:03 pm	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	10,348,299	0	10,348,299	149,522	69.21	30.00
31.00	INTENSIVE CARE UNIT	2,262,736		2,262,736	18,443	122.69	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,451,068		1,451,068	9,844	147.41	31.01
41.00	SUBPROVIDER - IRF	264,397	0	264,397	8,144	32.47	41.00
200.00	Total (lines 30-199)	14,326,500		14,326,500	185,953		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	43,560	3,014,788				
31.00	INTENSIVE CARE UNIT	7,908	970,233				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	3,529	114,587				
200.00	Total (lines 30-199)	54,997	4,099,608				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part II Date/Time Prepared: 2/28/2016 8:03 pm	
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	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,497,547	284,668,718	0.019312	52,231,769	1,008,700	50.00
51.00	05100 RECOVERY ROOM	272,358	45,703,032	0.005959	5,842,489	34,815	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	610,150	20,145,010	0.030288	86,554	2,622	52.00
53.00	05300 ANESTHESIOLOGY	379,111	158,833,135	0.002387	25,906,384	61,839	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,648,344	367,908,809	0.020789	43,709,898	908,685	54.00
57.00	05700 CT SCAN	2,065,755	111,993,644	0.018445	18,224,904	336,158	57.00
58.00	05800 MRI	2,451,335	60,088,274	0.040796	7,013,266	286,113	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,359,794	207,707,628	0.006547	39,245,132	256,938	59.00
60.00	06000 LABORATORY	2,519,444	496,982,583	0.005069	72,981,598	369,944	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	347,404	18,592,643	0.018685	5,439,878	101,644	63.00
64.00	06400 INTRAVENOUS THERAPY	316,295	2,447,349	0.129240	137,692	17,795	64.00
65.00	06500 RESPIRATORY THERAPY	885,443	154,987,098	0.005713	37,160,550	212,298	65.00
66.00	06600 PHYSICAL THERAPY	1,378,318	42,573,291	0.032375	9,822,474	318,003	66.00
68.00	06800 SPEECH PATHOLOGY	111,797	4,725,326	0.023659	1,013,646	23,982	68.00
69.00	06900 ELECTROCARDIOLOGY	675,249	76,956,357	0.008774	12,861,294	112,845	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	119,546	14,448,280	0.008274	3,493,490	28,905	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,700,271	339,726,414	0.007948	90,057,221	715,775	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,021,644	198,994,803	0.005134	62,927,620	323,070	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,929,923	436,698,322	0.004419	90,526,508	400,037	73.00
74.00	07400 RENAL DIALYSIS	130,220	12,464,586	0.010447	5,737,394	59,939	74.00
76.00	03950 DIGESTIVE DISEASES	877,008	48,199,645	0.018195	7,460,888	135,751	76.00
76.01	03951 ENTEROSTOMAL	15,278	1,382,043	0.011055	539,398	5,963	76.01
76.02	03952 DIABETIC SERVICE	160,295	208,375	0.769262	0	0	76.02
76.03	03953 WOUND CARE	138,921	6,559,436	0.021179	25,824	547	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	172,104	3,650,729	0.047142	100,900	4,757	76.04
76.05	03954 NEURO DIAGNOSTIC CENTER	134,974	236,993	0.569527	0	0	76.05
76.07	03640 UROLOGY	4,993	1,678,608	0.002974	0	0	76.07
76.08	03956 SLEEP DISORDERS	250,946	14,684,154	0.017090	11,576	198	76.08
76.09	03957 PAIN PROGRAM	171,873	7,979,187	0.021540	432	9	76.09
76.10	03958 COMP EPILEPSY	162,135	448,247	0.361709	0	0	76.10
76.97	07697 CARDIAC REHABILITATION	57,853	1,897,905	0.030483	285,465	8,702	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	5,068	2,729,554	0.001857	16,410	30	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 VOICE CLINIC	87,937	1,002,068	0.087756	0	0	90.01
90.02	09002 LUNG CLINIC	15,351	335,989	0.045689	0	0	90.02
90.04	09004 ST JUDE CLINIC	178,057	1,906,232	0.093408	1,717	160	90.04
90.05	09005 SISTERS CLINIC	28,451	0	0.000000	0	0	90.05
90.06	09006 SPECIAL CLINICS	74,750	832,303	0.089811	12,359	1,110	90.06
90.07	09007 PALLIATIVE CARE CLINIC	87,020	0	0.000000	0	0	90.07
91.00	09100 EMERGENCY	2,061,576	111,127,149	0.018552	10,734,916	199,154	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	732,101	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	527,168	20,202,923	0.026094	828,120	21,609	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	38,363,807	3,281,706,842		604,437,766	5,958,097	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part III Date/Time Prepared: 2/28/2016 8:03 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,625,443	211,761	0	0	5,837,204	30.00
31.00	03100	INTENSIVE CARE UNIT	458,481	0	0	0	458,481	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	95,059	0	0	0	95,059	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00		Total (lines 30-199)	6,178,983	211,761	0	0	6,390,744	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	149,522	39.04	43,560	1,700,582		30.00
31.00	03100	INTENSIVE CARE UNIT	18,443	24.86	7,908	196,593		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,844	9.66	0	0		31.01
41.00	04100	SUBPROVIDER - IRF	8,144	0.00	3,529	0		41.00
200.00		Total (lines 30-199)	185,953		54,997	1,897,175		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/28/2016 8:03 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	114,378	0	0	114,378	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	202,647	0	0	202,647	52.00
53.00	05300 ANESTHESIOLOGY	0	8,407	0	0	8,407	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	72,426	252,988	0	325,414	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	53,026	0	0	53,026	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
68.00	06800 SPEECH PATHOLOGY	0	36,213	0	0	36,213	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	03950 DIGESTIVE DISEASES	0	72,426	0	0	72,426	76.00
76.01	03951 ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952 DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953 WOUND CARE	0	36,860	0	0	36,860	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.05	03954 NEURODIAGNOSTIC CENTER	0	36,213	0	0	36,213	76.05
76.07	03640 UROLOGY	0	0	0	0	0	76.07
76.08	03956 SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957 PAIN PROGRAM	0	0	0	0	0	76.09
76.10	03958 COMPEPILEPSY	0	0	0	0	0	76.10
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 VOICE CLINIC	0	0	0	0	0	90.01
90.02	09002 LUNG CLINIC	0	0	0	0	0	90.02
90.04	09004 ST JUDE CLINIC	0	9,053	0	0	9,053	90.04
90.05	09005 SISTERS CLINIC	0	0	0	0	0	90.05
90.06	09006 SPECIAL CLINICS	0	0	0	0	0	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	140,729	630,502	0	771,231	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	397,981	14,985	0	412,966	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	72,426	0	0	72,426	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	1,252,785	898,475	0	2,151,260	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/28/2016 8:03 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	114,378	284,668,718	0.000402	0.000402	52,231,769	50.00
51.00	05100 RECOVERY ROOM	0	45,703,032	0.000000	0.000000	5,842,489	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	202,647	20,145,010	0.010059	0.010059	86,554	52.00
53.00	05300 ANESTHESIOLOGY	8,407	158,833,135	0.000053	0.000053	25,906,384	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	325,414	367,908,809	0.000884	0.000884	43,709,898	54.00
57.00	05700 CT SCAN	0	111,993,644	0.000000	0.000000	18,224,904	57.00
58.00	05800 MRI	0	60,088,274	0.000000	0.000000	7,013,266	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	207,707,628	0.000000	0.000000	39,245,132	59.00
60.00	06000 LABORATORY	0	496,982,583	0.000000	0.000000	72,981,598	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	18,592,643	0.000000	0.000000	5,439,878	63.00
64.00	06400 INTRAVENOUS THERAPY	53,026	2,447,349	0.021667	0.021667	137,692	64.00
65.00	06500 RESPIRATORY THERAPY	0	154,987,098	0.000000	0.000000	37,160,550	65.00
66.00	06600 PHYSICAL THERAPY	0	42,573,291	0.000000	0.000000	9,822,474	66.00
68.00	06800 SPEECH PATHOLOGY	36,213	4,725,326	0.007664	0.007664	1,013,646	68.00
69.00	06900 ELECTROCARDIOLOGY	0	76,956,357	0.000000	0.000000	12,861,294	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,448,280	0.000000	0.000000	3,493,490	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	339,726,414	0.000000	0.000000	90,057,221	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	198,994,803	0.000000	0.000000	62,927,620	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	436,698,322	0.000000	0.000000	90,526,508	73.00
74.00	07400 RENAL DIALYSIS	0	12,464,586	0.000000	0.000000	5,737,394	74.00
76.00	03950 DIGESTIVE DISEASES	72,426	48,199,645	0.001503	0.001503	7,460,888	76.00
76.01	03951 ENTEROSTOMAL	0	1,382,043	0.000000	0.000000	539,398	76.01
76.02	03952 DIABETIC SERVICE	0	208,375	0.000000	0.000000	0	76.02
76.03	03953 WOUND CARE	36,860	6,559,436	0.005619	0.005619	25,824	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,650,729	0.000000	0.000000	100,900	76.04
76.05	03954 NEURO DIAGNOSTIC CENTER	36,213	236,993	0.152802	0.152802	0	76.05
76.07	03640 UROLOGY	0	1,678,608	0.000000	0.000000	0	76.07
76.08	03956 SLEEP DISORDERS	0	14,684,154	0.000000	0.000000	11,576	76.08
76.09	03957 PAIN PROGRAM	0	7,979,187	0.000000	0.000000	432	76.09
76.10	03958 COMP EPILEPSY	0	448,247	0.000000	0.000000	0	76.10
76.97	07697 CARDIAC REHABILITATION	0	1,897,905	0.000000	0.000000	285,465	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	2,729,554	0.000000	0.000000	16,410	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 VOICE CLINIC	0	1,002,068	0.000000	0.000000	0	90.01
90.02	09002 LUNG CLINIC	0	335,989	0.000000	0.000000	0	90.02
90.04	09004 ST JUDE CLINIC	9,053	1,906,232	0.004749	0.004749	1,717	90.04
90.05	09005 SISTERS CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006 SPECIAL CLINICS	0	832,303	0.000000	0.000000	12,359	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	771,231	111,127,149	0.006940	0.006940	10,734,916	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	412,966	0	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	72,426	20,202,923	0.003585	0.003585	828,120	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	2,151,260	3,281,706,842			604,437,766	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/28/2016 8:03 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	20,997	17,651,536	7,096	50.00
51.00	05100 RECOVERY ROOM	0	3,556,949	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	871	10,165	102	52.00
53.00	05300 ANESTHESIOLOGY	1,373	11,815,857	626	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	38,640	69,084,256	61,070	54.00
57.00	05700 CT SCAN	0	15,734,537	0	57.00
58.00	05800 MRI	0	9,464,732	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	56,029,754	0	59.00
60.00	06000 LABORATORY	0	20,236,021	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	885,792	0	63.00
64.00	06400 INTRAVENOUS THERAPY	2,983	900,105	19,503	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,374,954	0	65.00
66.00	06600 PHYSICAL THERAPY	0	198,361	0	66.00
68.00	06800 SPEECH PATHOLOGY	7,769	102,801	788	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,868,918	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	382,216	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,993,354	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,207,618	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	34,856,879	0	73.00
74.00	07400 RENAL DIALYSIS	0	296,525	0	74.00
76.00	03950 DIGESTIVE DISEASES	11,214	7,328,953	11,015	76.00
76.01	03951 ENTEROSTOMAL	0	9,225	0	76.01
76.02	03952 DIABETIC SERVICE	0	12,001	0	76.02
76.03	03953 WOUND CARE	145	2,989,641	16,799	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	461,976	0	76.04
76.05	03954 NEURO DIAGNOSTIC CENTER	0	102,768	15,703	76.05
76.07	03640 UROLOGY	0	14,782	0	76.07
76.08	03956 SLEEP DISORDERS	0	2,687,642	0	76.08
76.09	03957 PAIN PROGRAM	0	2,586,619	0	76.09
76.10	03958 COMP EPILEPSY	0	100,284	0	76.10
76.97	07697 CARDIAC REHABILITATION	0	512,380	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	506,034	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001 VOICE CLINIC	0	283,834	0	90.01
90.02	09002 LUNG CLINIC	0	99,396	0	90.02
90.04	09004 ST JUDE CLINIC	8	20,407	97	90.04
90.05	09005 SISTERS CLINIC	0	0	0	90.05
90.06	09006 SPECIAL CLINICS	0	207,888	0	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0	90.07
91.00	09100 EMERGENCY	74,500	9,293,131	64,494	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,969	2,107,394	7,555	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	161,469	331,975,685	204,848	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/28/2016 8:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.163836	17,651,536	0	0	2,891,957	50.00
51.00	05100	RECOVERY ROOM	0.113376	3,556,949	0	0	403,273	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.450319	10,165	0	0	4,577	52.00
53.00	05300	ANESTHESIOLOGY	0.023789	11,815,857	0	0	281,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114330	69,084,256	116,625	0	7,898,403	54.00
57.00	05700	CT SCAN	0.060818	15,734,537	0	0	956,943	57.00
58.00	05800	MRI	0.129843	9,464,732	0	0	1,228,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.025574	56,029,754	0	0	1,432,905	59.00
60.00	06000	LABORATORY	0.074522	20,236,021	75,061	0	1,508,029	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.424816	885,792	0	0	376,299	63.00
64.00	06400	INTRAVENOUS THERAPY	0.776499	900,105	0	0	698,931	64.00
65.00	06500	RESPIRATORY THERAPY	0.088317	3,374,954	4,440	0	298,066	65.00
66.00	06600	PHYSICAL THERAPY	0.376010	198,361	0	0	74,586	66.00
68.00	06800	SPEECH PATHOLOGY	0.319222	102,801	0	0	32,816	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063559	14,868,918	0	0	945,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092458	382,216	0	0	35,339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.138118	21,993,354	0	0	3,037,678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212820	21,207,618	929	0	4,513,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116428	34,856,879	0	422,436	4,058,317	73.00
74.00	07400	RENAL DIALYSIS	0.234250	296,525	0	0	69,461	74.00
76.00	03950	DIGESTIVE DISEASES	0.120553	7,328,953	0	0	883,527	76.00
76.01	03951	ENTEROSTOMAL	0.426826	9,225	0	0	3,937	76.01
76.02	03952	DIABETIC SERVICE	7.063251	12,001	0	0	84,766	76.02
76.03	03953	WOUND CARE	0.228747	2,989,641	0	0	683,871	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460696	461,976	0	0	212,830	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	8.656851	102,768	0	0	889,647	76.05
76.07	03640	UROLOGY	0.012579	14,782	0	0	186	76.07
76.08	03956	SLEEP DISORDERS	0.279150	2,687,642	0	0	750,255	76.08
76.09	03957	PAIN PROGRAM	0.237060	2,586,619	0	0	613,184	76.09
76.10	03958	COMPELSEPSY	4.656448	100,284	0	0	466,967	76.10
76.97	07697	CARDIAC REHABILITATION	0.432986	512,380	0	0	221,853	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.074241	506,034	0	0	37,568	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	0.337365	283,834	0	0	95,756	90.01
90.02	09002	LUNG CLINIC	0.159615	99,396	0	0	15,865	90.02
90.04	09004	ST JUDE CLINIC	0.478303	20,407	0	0	9,761	90.04
90.05	09005	SISTERS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	SPECIAL CLINICS	1.120424	207,888	0	0	232,923	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.234331	9,293,131	0	0	2,177,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180232	2,107,394	0	0	379,820	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	7.636487	0	0	0	0	95.00
200.00		Subtotal (see instructions)		331,975,685	197,055	422,436	38,506,440	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		331,975,685	197,055	422,436	38,506,440	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/28/2016 8:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	13,334	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	5,594	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	392	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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	198	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	49,183		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 DIGESTIVE DISEASES	0	0		76.00
76.01 03951 ENTEROSTOMAL	0	0		76.01
76.02 03952 DIABETIC SERVICE	0	0		76.02
76.03 03953 WOUND CARE	0	0		76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.04
76.05 03954 NEURODIAGNOSTIC CENTER	0	0		76.05
76.07 03640 UROLOGY	0	0		76.07
76.08 03956 SLEEP DISORDERS	0	0		76.08
76.09 03957 PAIN PROGRAM	0	0		76.09
76.10 03958 COMPLERPSY	0	0		76.10
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 09001 VOICE CLINIC	0	0		90.01
90.02 09002 LUNG CLINIC	0	0		90.02
90.04 09004 ST JUDE CLINIC	0	0		90.04
90.05 09005 SISTERS CLINIC	0	0		90.05
90.06 09006 SPECIAL CLINICS	0	0		90.06
90.07 09007 PALLIATIVE CARE CLINIC	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	19,518	49,183		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	19,518	49,183		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140067 Component CCN: 14T067		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part II Date/Time Prepared: 2/28/2016 8:03 pm	
			Title VIII		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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,497,547	284,668,718	0.019312	53,000	1,024	50.00
51.00	05100	RECOVERY ROOM	272,358	45,703,032	0.005959	20,088	120	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	610,150	20,145,010	0.030288	0	0	52.00
53.00	05300	ANESTHESIOLOGY	379,111	158,833,135	0.002387	31,793	76	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,648,344	367,908,809	0.020789	644,165	13,392	54.00
57.00	05700	CT SCAN	2,065,755	111,993,644	0.018445	98,651	1,820	57.00
58.00	05800	MRI	2,451,335	60,088,274	0.040796	43,837	1,788	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,359,794	207,707,628	0.006547	0	0	59.00
60.00	06000	LABORATORY	2,519,444	496,982,583	0.005069	1,094,712	5,549	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	347,404	18,592,643	0.018685	26,714	499	63.00
64.00	06400	INTRAVENOUS THERAPY	316,295	2,447,349	0.129240	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	885,443	154,987,098	0.005713	504,539	2,882	65.00
66.00	06600	PHYSICAL THERAPY	1,378,318	42,573,291	0.032375	4,396,296	142,330	66.00
68.00	06800	SPEECH PATHOLOGY	111,797	4,725,326	0.023659	637,716	15,088	68.00
69.00	06900	ELECTROCARDIOLOGY	675,249	76,956,357	0.008774	38,961	342	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,546	14,448,280	0.008274	21,279	176	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,700,271	339,726,414	0.007948	1,235,771	9,822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,021,644	198,994,803	0.005134	63,063	324	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,929,923	436,698,322	0.004419	1,768,775	7,816	73.00
74.00	07400	RENAL DIALYSIS	130,220	12,464,586	0.010447	77,686	812	74.00
76.00	03950	DIAGNOSTIC SERVICES	877,008	48,199,645	0.018195	35,997	655	76.00
76.01	03951	ENTEROSTOMAL	15,278	1,382,043	0.011055	38,613	427	76.01
76.02	03952	DIABETIC SERVICE	160,295	208,375	0.769262	0	0	76.02
76.03	03953	WOUND CARE	138,921	6,559,436	0.021179	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	172,104	3,650,729	0.047142	105,664	4,981	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	134,974	236,993	0.569527	0	0	76.05
76.07	03640	UROLOGY	4,993	1,678,608	0.002974	171,760	511	76.07
76.08	03956	SLEEP DISORDERS	250,946	14,684,154	0.017090	0	0	76.08
76.09	03957	PAIN PROGRAM	171,873	7,979,187	0.021540	0	0	76.09
76.10	03958	COMPILEPSY	162,135	448,247	0.361709	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	57,853	1,897,905	0.030483	483	15	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	5,068	2,729,554	0.001857	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	VOICE CLINIC	87,937	1,002,068	0.087756	0	0	90.01
90.02	09002	LUNG CLINIC	15,351	335,989	0.045689	0	0	90.02
90.04	09004	ST JUDE CLINIC	178,057	1,906,232	0.093408	0	0	90.04
90.05	09005	SISTERS CLINIC	28,451	0	0.000000	0	0	90.05
90.06	09006	SPECIAL CLINICS	74,750	832,303	0.089811	0	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	87,020	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	2,061,576	111,127,149	0.018552	270,054	5,010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	527,168	20,202,923	0.026094	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	37,631,706	3,281,706,842		11,379,617	215,459	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140067 Component CCN: 14T067	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/28/2016 8:03 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	114,378	0	0	114,378	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	202,647	0	0	202,647	52.00
53.00	05300 ANESTHESIOLOGY	0	8,407	0	0	8,407	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	72,426	252,988	0	325,414	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	53,026	0	0	53,026	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
68.00	06800 SPEECH PATHOLOGY	0	36,213	0	0	36,213	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	03950 DIGESTIVE DISEASES	0	72,426	0	0	72,426	76.00
76.01	03951 ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952 DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953 WOUND CARE	0	36,860	0	0	36,860	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.05	03954 NEURO DIAGNOSTIC CENTER	0	36,213	0	0	36,213	76.05
76.07	03640 UROLOGY	0	0	0	0	0	76.07
76.08	03956 SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957 PAIN PROGRAM	0	0	0	0	0	76.09
76.10	03958 COMP EPILEPSY	0	0	0	0	0	76.10
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 VOICE CLINIC	0	0	0	0	0	90.01
90.02	09002 LUNG CLINIC	0	0	0	0	0	90.02
90.04	09004 ST JUDE CLINIC	0	9,053	0	0	9,053	90.04
90.05	09005 SISTERS CLINIC	0	0	0	0	0	90.05
90.06	09006 SPECIAL CLINICS	0	0	0	0	0	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	140,729	630,502	0	771,231	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	72,426	0	0	72,426	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	854,804	883,490	0	1,738,294	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140067 Component CCN: 14T067		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part IV Date/Time Prepared: 2/28/2016 8:03 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	114,378	284,668,718	0.000402	0.000402	53,000	50.00
51.00	05100 RECOVERY ROOM	0	45,703,032	0.000000	0.000000	20,088	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	202,647	20,145,010	0.010059	0.010059	0	52.00
53.00	05300 ANESTHESIOLOGY	8,407	158,833,135	0.000053	0.000053	31,793	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	325,414	367,908,809	0.000884	0.000884	644,165	54.00
57.00	05700 CT SCAN	0	111,993,644	0.000000	0.000000	98,651	57.00
58.00	05800 MRI	0	60,088,274	0.000000	0.000000	43,837	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	207,707,628	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	496,982,583	0.000000	0.000000	1,094,712	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	18,592,643	0.000000	0.000000	26,714	63.00
64.00	06400 INTRAVENOUS THERAPY	53,026	2,447,349	0.021667	0.021667	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	154,987,098	0.000000	0.000000	504,539	65.00
66.00	06600 PHYSICAL THERAPY	0	42,573,291	0.000000	0.000000	4,396,296	66.00
68.00	06800 SPEECH PATHOLOGY	36,213	4,725,326	0.007664	0.007664	637,716	68.00
69.00	06900 ELECTROCARDIOLOGY	0	76,956,357	0.000000	0.000000	38,961	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,448,280	0.000000	0.000000	21,279	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	339,726,414	0.000000	0.000000	1,235,771	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	198,994,803	0.000000	0.000000	63,063	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	436,698,322	0.000000	0.000000	1,768,775	73.00
74.00	07400 RENAL DIALYSIS	0	12,464,586	0.000000	0.000000	77,686	74.00
76.00	03950 DIGESTIVE DISEASES	72,426	48,199,645	0.001503	0.001503	35,997	76.00
76.01	03951 ENTEROSTOMAL	0	1,382,043	0.000000	0.000000	38,613	76.01
76.02	03952 DIABETIC SERVICE	0	208,375	0.000000	0.000000	0	76.02
76.03	03953 WOUND CARE	36,860	6,559,436	0.005619	0.005619	0	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,650,729	0.000000	0.000000	105,664	76.04
76.05	03954 NEURODIAGNOSTIC CENTER	36,213	236,993	0.152802	0.152802	0	76.05
76.07	03640 UROLOGY	0	1,678,608	0.000000	0.000000	171,760	76.07
76.08	03956 SLEEP DISORDERS	0	14,684,154	0.000000	0.000000	0	76.08
76.09	03957 PAIN PROGRAM	0	7,979,187	0.000000	0.000000	0	76.09
76.10	03958 COMPEPILEPSY	0	448,247	0.000000	0.000000	0	76.10
76.97	07697 CARDIAC REHABILITATION	0	1,897,905	0.000000	0.000000	483	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	2,729,554	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	09001 VOICE CLINIC	0	1,002,068	0.000000	0.000000	0	90.01
90.02	09002 LUNG CLINIC	0	335,989	0.000000	0.000000	0	90.02
90.04	09004 ST JUDE CLINIC	9,053	1,906,232	0.004749	0.004749	0	90.04
90.05	09005 SISTERS CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006 SPECIAL CLINICS	0	832,303	0.000000	0.000000	0	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	771,231	111,127,149	0.006940	0.006940	270,054	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	72,426	20,202,923	0.003585	0.003585	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	1,738,294	3,281,706,842			11,379,617	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140067 Component CCN: 14T067	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/28/2016 8:03 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	21	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	2	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	569	0	0	54.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
68.00 06800 SPEECH PATHOLOGY	4,887	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03950 DIGESTIVE DISEASES	54	0	0	76.00
76.01 03951 ENTEROSTOMAL	0	0	0	76.01
76.02 03952 DIABETIC SERVICE	0	0	0	76.02
76.03 03953 WOUND CARE	0	0	0	76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.04
76.05 03954 NEURODIAGNOSTIC CENTER	0	0	0	76.05
76.07 03640 UROLOGY	0	0	0	76.07
76.08 03956 SLEEP DISORDERS	0	0	0	76.08
76.09 03957 PAIN PROGRAM	0	0	0	76.09
76.10 03958 COMPEPILEPSY	0	0	0	76.10
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 09001 VOICE CLINIC	0	0	0	90.01
90.02 09002 LUNG CLINIC	0	0	0	90.02
90.04 09004 ST JUDE CLINIC	0	0	0	90.04
90.05 09005 SISTERS CLINIC	0	0	0	90.05
90.06 09006 SPECIAL CLINICS	0	0	0	90.06
90.07 09007 PALLIATIVE CARE CLINIC	0	0	0	90.07
91.00 09100 EMERGENCY	1,874	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	7,407	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/28/2016 8:03 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		149,522	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		149,522	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)		138,944	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)		43,560	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
<b>SWING BED ADJUSTMENT</b>				
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)		151,508,673	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)		151,508,673	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		151,508,673	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,013.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		44,138,912	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)		44,138,912	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 2/28/2016 8:03 pm							
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	37,890,041	18,443	2,054.44	7,908	16,246,512		43.00
43.01	17,850,323	9,844	1,813.32	0	0		43.01
44.00							44.00
45.00							45.00
46.00							46.00
47.00							47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					76,273,693	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					136,659,117	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,882,196	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,119,566	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,001,762	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					124,657,355	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)					10,578	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,013.29	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,718,582	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/28/2016 8:03 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,348,299	151,508,673	0.068302	10,718,582	732,101	90.00
91.00	Nursing School cost	5,625,443	151,508,673	0.037130	10,718,582	397,981	91.00
92.00	Allied health cost	211,761	151,508,673	0.001398	10,718,582	14,985	92.00
93.00	All other Medical Education	0	151,508,673	0.000000	10,718,582	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140067 Component CCN: 14T067	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/28/2016 8:03 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,144	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,144	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)		8,144	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)		3,529	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,014,453	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,014,453	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,014,453	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		738.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,606,202	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)		2,606,202	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
		Component CCN: 14T067				Date/Time Prepared: 2/28/2016 8:03 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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0	43.00	
43.01	0	0	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)						87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140067 Component CCN: 14T067		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/28/2016 8:03 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	264,397	6,014,453	0.043960	0	0	90.00
91.00	Nursing School cost	0	6,014,453	0.000000	0	0	91.00
92.00	Allied health cost	0	6,014,453	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,014,453	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/28/2016 8:03 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		87,341,554	30.00
31.00	03100	INTENSIVE CARE UNIT		28,401,280	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
41.00	04100	SUBPROVIDER - I RF		0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.164954	52,231,769	50.00
51.00	05100	RECOVERY ROOM	0.113376	5,842,489	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.450319	86,554	52.00
53.00	05300	ANESTHESIOLOGY	0.023789	25,906,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114686	43,709,898	54.00
57.00	05700	CT SCAN	0.060818	18,224,904	57.00
58.00	05800	MRI	0.129843	7,013,266	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.025574	39,245,132	59.00
60.00	06000	LABORATORY	0.074522	72,981,598	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.424816	5,439,878	63.00
64.00	06400	INTRAVENOUS THERAPY	0.776499	137,692	64.00
65.00	06500	RESPIRATORY THERAPY	0.088844	37,160,550	65.00
66.00	06600	PHYSICAL THERAPY	0.376010	9,822,474	66.00
68.00	06800	SPEECH PATHOLOGY	0.319222	1,013,646	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063622	12,861,294	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092458	3,493,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.138118	90,057,221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212820	62,927,620	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116428	90,526,508	73.00
74.00	07400	RENAL DIALYSIS	0.234250	5,737,394	74.00
76.00	03950	DIGESTIVE DISEASES	0.120553	7,460,888	76.00
76.01	03951	ENTEROSTOMAL	0.426826	539,398	76.01
76.02	03952	DIABETIC SERVICE	7.063251	0	76.02
76.03	03953	WOUND CARE	0.228747	25,824	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460696	100,900	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	8.656851	0	76.05
76.07	03640	UROLOGY	0.012579	0	76.07
76.08	03956	SLEEP DISORDERS	0.285966	11,576	76.08
76.09	03957	PAIN PROGRAM	0.241514	432	76.09
76.10	03958	COMPELSEPSY	4.656448	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.432986	285,465	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.074241	16,410	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001	VOICE CLINIC	0.360558	0	90.01
90.02	09002	LUNG CLINIC	0.159615	0	90.02
90.04	09004	ST JUDE CLINIC	0.478303	1,717	90.04
90.05	09005	SISTERS CLINIC	0.000000	0	90.05
90.06	09006	SPECIAL CLINICS	1.120424	12,359	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000	0	90.07
91.00	09100	EMERGENCY	0.260787	10,734,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.180232	828,120	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		604,437,766	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		604,437,766	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3	
		Component CCN: 14T067		Date/Time Prepared: 2/28/2016 8:03 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
41.00	04100 SUBPROVIDER - IRF		4,017,517		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.164954	53,000	8,743	50.00
51.00	05100 RECOVERY ROOM	0.113376	20,088	2,277	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.450319	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023789	31,793	756	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114686	644,165	73,877	54.00
57.00	05700 CT SCAN	0.060818	98,651	6,000	57.00
58.00	05800 MRI	0.129843	43,837	5,692	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.025574	0	0	59.00
60.00	06000 LABORATORY	0.074522	1,094,712	81,580	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.424816	26,714	11,349	63.00
64.00	06400 INTRAVENOUS THERAPY	0.776499	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.088844	504,539	44,825	65.00
66.00	06600 PHYSICAL THERAPY	0.376010	4,396,296	1,653,051	66.00
68.00	06800 SPEECH PATHOLOGY	0.319222	637,716	203,573	68.00
69.00	06900 ELECTROCARDIOLOGY	0.063622	38,961	2,479	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.092458	21,279	1,967	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.138118	1,235,771	170,682	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.212820	63,063	13,421	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.116428	1,768,775	205,935	73.00
74.00	07400 RENAL DIALYSIS	0.234250	77,686	18,198	74.00
76.00	03950 DIGESTIVE DISEASES	0.120553	35,997	4,340	76.00
76.01	03951 ENTEROSTOMAL	0.426826	38,613	16,481	76.01
76.02	03952 DIABETIC SERVICE	7.063251	0	0	76.02
76.03	03953 WOUND CARE	0.228747	0	0	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460696	105,664	48,679	76.04
76.05	03954 NEURODIAGNOSTIC CENTER	8.656851	0	0	76.05
76.07	03640 UROLOGY	0.012579	171,760	2,161	76.07
76.08	03956 SLEEP DISORDERS	0.285966	0	0	76.08
76.09	03957 PAIN PROGRAM	0.241514	0	0	76.09
76.10	03958 COMPLIANCE	4.656448	0	0	76.10
76.97	07697 CARDIAC REHABILITATION	0.432986	483	209	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.074241	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	09001 VOICE CLINIC	0.360558	0	0	90.01
90.02	09002 LUNG CLINIC	0.159615	0	0	90.02
90.04	09004 ST JUDE CLINIC	0.478303	0	0	90.04
90.05	09005 SISTERS CLINIC	0.000000	0	0	90.05
90.06	09006 SPECIAL CLINICS	1.120424	0	0	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0.000000	0	0	90.07
91.00	09100 EMERGENCY	0.260787	270,054	70,427	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.180232	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		11,379,617	2,646,702	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)		11,379,617		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 140067		Period: From 10/01/2014 To 09/30/2015		Worksheet D-4	
		Component CCN:				Date/Time Prepared: 2/28/2016 8:03 pm	
		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	11,380	1,013.29	10	10,133	1.00
2.00	INTENSIVE CARE UNIT	43.00	87,239	2,054.44	21	43,143	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,813.32	0	0	2.01
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	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		98,619		31	53,276	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	0.163836	522,697	85,637	8.00	
9.00	RECOVERY ROOM	51.00	0.113376	10,768	1,221	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.450319	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.023789	162,688	3,870	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.114330	765,845	87,559	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.060818	47,001	2,859	15.00	
16.00	MRI	58.00	0.129843	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.025574	60,175	1,539	17.00	
18.00	LABORATORY	60.00	0.074522	1,154,907	86,066	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.424816	8,053	3,421	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.776499	900	699	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.088317	138,510	12,233	23.00	
24.00	PHYSICAL THERAPY	66.00	0.376010	2,508	943	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.319222	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.063559	458,927	29,169	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.092458	2,469	228	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.138118	263,424	36,384	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.212820	3,056	650	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.116428	258,107	30,051	31.00	
32.00	RENAL DIALYSIS	74.00	0.234250	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.120553	10,639	1,283	34.00	
34.01	ENTEROSTOMAL	76.01	0.426826	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	7.063251	0	0	34.02	
34.03	WOUND CARE	76.03	0.228747	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.460696	3,144	1,448	34.04	
34.05	NEURO DIAGNOSTIC CENTER	76.05	8.656851	0	0	34.05	
34.07	UROLOGY	76.07	0.012579	0	0	34.07	
34.08	SLEEP DISORDERS	76.08	0.279150	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.237060	0	0	34.09	
34.10	COMP EPILEPSY	76.10	4.656448	0	0	34.10	
34.97	CARDIAC REHABILITATION	76.97	0.432986	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIpsy	76.99	0.074241	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	VOICE CLINIC	90.01	0.337365	0	0	37.01	
37.02	LUNG CLINIC	90.02	0.159615	0	0	37.02	
37.04	ST JUDE CLINIC	90.04	0.478303	0	0	37.04	
37.05	SISTERS CLINIC	90.05	0.000000	35	0	37.05	
37.06	SPECIAL CLINICS	90.06	1.120424	96	108	37.06	
37.07	PALLIATIVE CARE CLINIC	90.07	0.000000	0	0	37.07	
38.00	EMERGENCY	91.00	0.234331	90	21	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.000000	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.180232	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			3,874,039	385,389	41.00	

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

Provider CCN: 140067

Period: From 10/01/2014 To 09/30/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/28/2016 8:03 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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	10		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	21		0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
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	0		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			31		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
51.01	VOICE CLINIC	23.01	0	0.000000		0	51.01
51.02	LUNG CLINIC	23.02	0	0.000000		0	51.02
51.04	ST JUDE CLINIC	23.04	0	0.000000		0	51.04
51.05	SISTERS CLINIC	23.05	35	0.000000		0	51.05
51.06	SPECIAL CLINICS	23.06	96	0.000000		0	51.06
51.07	PALLIATIVE CARE CLINIC	23.07	0	0.000000		0	51.07
52.00	EMERGENCY	24.00	90	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000		0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000		0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		221			0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	438,665		3,972,658			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,971,359		2,971,439			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)	3,410,024		6,944,097			61.00
62.00	Total Usable Organs (see instructions)		83				62.00
63.00	Medicare Usable Organs (see instructions)		66				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.795181				64.00
65.00	Medicare Cost/Charges (see instructions)	2,711,586		5,521,814			65.00
66.00	Revenue for Organs Sold	168,095		0			66.00
67.00	Subtotal (line 65 minus line 66)	2,543,491		5,521,814			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)	2,543,491	0	5,521,814	0	0	69.00

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

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

Provider CCN: 140067

Period:

Worksheet D-4

Component CCN:

From 10/01/2014  
To 09/30/2015

Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description	Kidney		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
<b>PART IV - STATISTICS</b>					
70.00	Organs Excised in Provider (1)	7	28		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	48		73.00
74.00	Total (sum of lines 70 thru 73)	7	76		74.00
75.00	Organs Transplanted	7	28		75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	48	168,095	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	7	76		84.00

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

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

Provider CCN: 140067

Period: From 10/01/2014 To 09/30/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/28/2016 8:03 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,013.29	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,547	2,054.44	2	4,109	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,813.32	0	0	2.01
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	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		6,547		2	4,109	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	0.163836	40,513	6,637	8.00	
9.00	RECOVERY ROOM	51.00	0.113376	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.450319	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.023789	12,768	304	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.114330	7,609	870	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.060818	2,340	142	15.00	
16.00	MRI	58.00	0.129843	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.025574	0	0	17.00	
18.00	LABORATORY	60.00	0.074522	38,255	2,851	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.424816	385	164	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.776499	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.088317	11,612	1,026	23.00	
24.00	PHYSICAL THERAPY	66.00	0.376010	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.319222	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.063559	5,943	378	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.092458	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.138118	23,978	3,312	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.212820	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.116428	12,928	1,505	31.00	
32.00	RENAL DIALYSIS	74.00	0.234250	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.120553	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.426826	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	7.063251	0	0	34.02	
34.03	WOUND CARE	76.03	0.228747	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.460696	0	0	34.04	
34.05	NEURO DIAGNOSTIC CENTER	76.05	8.656851	0	0	34.05	
34.07	UROLOGY	76.07	0.012579	0	0	34.07	
34.08	SLEEP DISORDERS	76.08	0.279150	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.237060	0	0	34.09	
34.10	COMP EPILEPSY	76.10	4.656448	0	0	34.10	
34.97	CARDIAC REHABILITATION	76.97	0.432986	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIpsy	76.99	0.074241	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	VOICE CLINIC	90.01	0.337365	0	0	37.01	
37.02	LUNG CLINIC	90.02	0.159615	0	0	37.02	
37.04	ST JUDE CLINIC	90.04	0.478303	0	0	37.04	
37.05	SISTERS CLINIC	90.05	0.000000	0	0	37.05	
37.06	SPECIAL CLINICS	90.06	1.120424	0	0	37.06	
37.07	PALLIATIVE CARE CLINIC	90.07	0.000000	0	0	37.07	
38.00	EMERGENCY	91.00	0.234331	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.000000	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.180232	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			156,331	17,189	41.00	

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

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

Provider CCN: 140067

Period: From 10/01/2014 To 09/30/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/28/2016 8:03 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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	2	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
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	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			2	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	0	0.000000	0	0	51.00
51.01	VOICE CLINIC	23.01	0	0.000000	0	0	51.01
51.02	LUNG CLINIC	23.02	0	0.000000	0	0	51.02
51.04	ST JUDE CLINIC	23.04	0	0.000000	0	0	51.04
51.05	SISTERS CLINIC	23.05	0	0.000000	0	0	51.05
51.06	SPECIAL CLINICS	23.06	0	0.000000	0	0	51.06
51.07	PALLIATIVE CARE CLINIC	23.07	0	0.000000	0	0	51.07
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0	0	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		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	21,298		162,878			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)	141,623		141,623			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)	162,921		304,501			61.00
62.00	Total Usable Organs (see instructions)		6				62.00
63.00	Medicare Usable Organs (see instructions)		6				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	162,921		304,501			65.00
66.00	Revenue for Organs Sold	13,310		0			66.00
67.00	Subtotal (line 65 minus line 66)	149,611		304,501			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)	149,611	0	304,501	0	0	69.00

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

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

Provider CCN: 140067

Period:

Worksheet D-4

Component CCN:

From 10/01/2014  
To 09/30/2015

Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description	Pancreas		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
<b>PART IV - STATISTICS</b>					
70.00 Organs Excised in Provider (1)	0	8			70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	0	0			71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00 Organs Purchased from OPOs	0	0			73.00
74.00 Total (sum of lines 70 thru 73)	0	8			74.00
75.00 Organs Transplanted	0	0		0	75.00
76.00 Organs Sold to Other Hospitals	0	0		0	76.00
77.00 Organs Sold to OPOs	0	6		13,310	77.00
78.00 Organs Sold to Transplant Hospitals	0	0		0	78.00
79.00 Organs Sold to Military or VA Hospitals	0	0		0	79.00
80.00 Organs Sold Outside the U.S.	0	0		0	80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	0			82.00
83.00 Unusable/Discarded Organs	0	2			83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	0	8			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: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/28/2016 8:03 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
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)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		96,267,725		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)		5,851,563		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		32,302,349		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		593.02		4.00
<b>Indirect Medical Education Adjustment</b>					
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)		97.61		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		97.61		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		177.62		10.00
11.00	FTE count for residents in dental and podiatric programs.		3.55		11.00
12.00	Current year allowable FTE (see instructions)		101.16		12.00
13.00	Total allowable FTE count for the prior year.		102.48		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.		101.39		14.00
15.00	Sum of lines 12 through 14 divided by 3.		101.68		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		101.68		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.171461		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.170246		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.170246		21.00
22.00	IME payment adjustment (see instructions)		8,543,953		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,866,898		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		25.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		80.01		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)		25.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.042157		26.00
27.00	IME payments adjustment factor. (see instructions)		0.011130		27.00
28.00	IME add-on adjustment amount (see instructions)		1,071,460		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		359,525		28.01
29.00	Total IME payment (sum of lines 22 and 28)		9,615,413		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/28/2016 8:03 pm		
		Title XVIII	Hospital	PPS		
		0	before 1/1	on/after 1/1	2.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,226,423			29.01
<b>Disproportionate Share Adjustment</b>						
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.89			30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.66			31.00
32.00	Sum of lines 30 and 31		35.55			32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.54			33.00
34.00	Disproportionate share adjustment (see instructions)		4,462,009			34.00
			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
<b>Uncompensated Care Adjustment</b>						
35.00	Total uncompensated care amount (see instructions)		0		7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000000000		0.001435947	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		0		10,981,616	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		10,981,616	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		10,981,616			36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>						
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		9,644			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		270	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		2.80			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0			46.00
47.00	Subtotal (see instructions)		127,178,326			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0			48.00
49.00	Total payment for inpatient operating costs (see instructions)		130,404,749			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		9,407,308			50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		4,596,877			52.00
53.00	Nursing and Allied Health Managed Care payment		905,420			53.00
54.00	Special add-on payments for new technologies		119,282			54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		2,693,102			55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0			56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		1,897,175			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		161,469			58.00
59.00	Total (sum of amounts on lines 49 through 58)		150,185,382			59.00
60.00	Primary payer payments		113,489			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		150,071,893			61.00
62.00	Deductibles billed to program beneficiaries		8,018,028			62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/28/2016 8:03 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinurance billed to program beneficiaries		428,659		63.00
64.00	Allowable bad debts (see instructions)		1,209,272		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		786,027		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,081,121		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		142,411,233		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	HAC AND OTHER ADJUSTMENT		-1,357,894		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-157,145		70.93
70.94	HRR adjustment amount (see instructions)		-212,050		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
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)		140,684,144		71.00
71.01	Sequestration adjustment (see instructions)		2,813,683		71.01
72.00	Interim payments		136,940,095		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		930,366		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,999,389		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/28/2016 8:03 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
	HSP Bonus Payment Amount	1.00	1.01	2.00
100.00	HSP bonus amount (see instructions)			0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)			0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)			0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/28/2016 8:03 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		68,701	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,301,592	2.00
3.00	PPS payments		41,376,369	3.00
4.00	Outlier payment (see instructions)		339,831	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		204,848	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		68,701	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		619,491	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)		619,491	14.00
<b>Customary charges</b>				
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 charge basis 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)		619,491	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		550,790	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		68,701	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, 8 and 9)		41,921,048	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		839	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,141,221	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)		33,847,689	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,227,093	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)		35,074,782	30.00
31.00	Primary payer payments		4,421	31.00
32.00	Subtotal (line 30 minus line 31)		35,070,361	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		986,158	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		641,003	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		35,711,364	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)		0	39.50
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)		35,711,364	40.00
40.01	Sequestration adjustment (see instructions)		714,227	40.01
41.00	Interim payments		35,091,837	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-94,700	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		9,688	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/28/2016 8:03 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		136,911,195		35,042,237	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	10/09/2015	28,900	05/14/2015	49,600	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)		28,900		49,600	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)		136,940,095		35,091,837	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		930,366		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		94,700	6.02
7.00	Total Medicare program liability (see instructions)		137,870,461		34,997,137	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: 140067  
Component CCN: 14T067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/28/2016 8:03 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		5,654,457		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,654,457		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		134,741		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,789,198		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet E-1  
Part II  
Date/Time Prepared:  
2/28/2016 8:03 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			33,130 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			51,468 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			17,962 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			167,231 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			3,679,829,285 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			92,797,401 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140067 Component CCN: 14T067	Period: From 10/01/2014 To 09/30/2015	Worksheet E-3 Part III Date/Time Prepared: 2/28/2016 8:03 pm
		Title VIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			4,993,587 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0120 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			346,056 3.00
4.00	Outlier Payments			132,190 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)			2.62 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)			2.62 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)			2.62 9.00
10.00	Average Daily Census (see instructions)			22.312329 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.119448 11.00
12.00	Teaching Adjustment (see instructions)			596,474 12.00
13.00	Total PPS Payment (see instructions)			6,068,307 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)			6,068,307 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,068,307 19.00
20.00	Deductibles			108,124 20.00
21.00	Subtotal (line 19 minus line 20)			5,960,183 21.00
22.00	Coinsurance			60,245 22.00
23.00	Subtotal (line 21 minus line 22)			5,899,938 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)			5,899,938 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)			7,407 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	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,907,345 32.00
32.01	Sequestration adjustment (see instructions)			118,147 32.01
33.00	Interim payments			5,654,457 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, 33, and 34)			134,741 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			139,274 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			132,190 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: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/28/2016 8:03 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			114.45	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			114.45	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			180.24	6.00
7.00	Enter the lesser of line 5 or line 6			114.45	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.	92.26	83.08	175.34	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.	58.58	52.75	111.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.87		10.00
11.00	Total weighted FTE count	58.58	57.62		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	60.60	58.72		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	62.85	52.92		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	60.68	56.42		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	60.68	56.42		17.00
18.00	Per resident amount	106,689.67	101,144.93		18.00
19.00	Approved amount for resident costs	6,473,929	5,706,597	12,180,526	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)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			65.79	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			24.32	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			94,535.84	23.00
24.00	Multiply line 22 time line 23			2,299,112	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			14,479,638	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	54,997	18,624		26.00
27.00	Total Inpatient Days (see instructions)	176,495	176,495		27.00
28.00	Ratio of inpatient days to total inpatient days	0.311607	0.105521		28.00
29.00	Program direct GME amount	4,511,957	1,527,906		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		215,893		30.00
31.00	Net Program direct GME amount			5,823,970	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/28/2016 8:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		12,464,586	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		141,912,021	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,693,102	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		113,489	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		144,491,634	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		38,575,141	42.00
43.00	Primary payer payments (see instructions)		4,421	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		38,570,720	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		183,062,354	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.789303	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.210697	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		5,823,970	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,596,877	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,227,093	50.00

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

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet G  
Date/Time Prepared:  
2/28/2016 8:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	12,928,110	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	731,630,568	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-517,523,032	0	0	0	6.00
7.00	Inventory	11,425,549	0	0	0	7.00
8.00	Prepaid expenses	348,927	0	0	0	8.00
9.00	Other current assets	18,244,364	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	257,054,486	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	9,377,798	0	0	0	12.00
13.00	Land improvements	11,740,302	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	645,675,579	0	0	0	15.00
16.00	Accumulated depreciation	-278,894,288	0	0	0	16.00
17.00	Leasehold improvements	5,363,099	0	0	0	17.00
18.00	Accumulated depreciation	-14,408,268	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	281,788,859	0	0	0	23.00
24.00	Accumulated depreciation	-218,283,118	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	23,812,405	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	466,172,368	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	895,263,578	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	2,375,378	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	897,638,956	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,620,865,810	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	18,842,494	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-6,507,296	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	86,749	0	0	0	40.00
41.00	Deferred income	3,440,115	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	2,629,725	0	0	0	43.00
44.00	Other current liabilities	110,520,687	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	129,012,474	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	105,983	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,629,421	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,735,404	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	130,747,878	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,490,117,932	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)	1,490,117,932	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,620,865,810	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet G-1

Date/Time Prepared:  
2/28/2016 8:03 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		1,277,757,938		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		207,574,778			2.00
3.00	Total (sum of line 1 and line 2)		1,485,332,716		0	3.00
4.00	CHANGE IN TRNA	-762,865		0		4.00
5.00	CHANGE IN PERM RESTRICTED	5,298,121		0		5.00
6.00	OTHER UNRESTRICTED	249,960		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		4,785,216		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,490,117,932		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,490,117,932		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	CHANGE IN TRNA		0			4.00
5.00	CHANGE IN PERM RESTRICTED		0			5.00
6.00	OTHER UNRESTRICTED		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/28/2016 8:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	263,312,502		263,312,502	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	9,828,290		9,828,290	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)	273,140,792		273,140,792	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	86,539,521		86,539,521	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	35,052,918		35,052,918	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	121,592,439		121,592,439	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	394,733,231		394,733,231	17.00
18.00	Ancillary services	1,760,706,183	1,347,135,446	3,107,841,629	18.00
19.00	Outpatient services	35,372,033	66,747,429	102,119,462	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	270	7,815	8,085	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	18,890,425	286,677,981	305,568,406	27.00
27.01	TRANSPLANTS	3,246,630	134,497	3,381,127	27.01
27.02	CLINICS	94,695	3,981,897	4,076,592	27.02
27.03	OTHER (SPECIFY)	0	0	0	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,213,043,467	1,704,685,065	3,917,728,532	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		955,505,921		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)		955,505,921		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet G-3

Date/Time Prepared:  
2/28/2016 8:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,917,728,532	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,828,808,683	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,088,919,849	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	955,505,921	4.00
5.00	Net income from service to patients (line 3 minus line 4)	133,413,928	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	8,612,734	6.00
7.00	Income from investments	41,513,782	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	255,328	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	8,098,172	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	206,823	21.00
22.00	Rental of hospital space	993,074	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	300,258	24.00
24.01	COMM HEALTH ED	85,175	24.01
24.02	CONTRACT REVENUES	404,804	24.02
24.03	MINORITY INTEREST	-2,630,715	24.03
24.04	OTHER REVENUES	7,382,503	24.04
24.05	COLLEGE AND NURSING TUITION	7,610,191	24.05
24.06	RISK AND VALUE BASED RESERVES	1,328,721	24.06
24.07	OTHER (SPECIFY)	0	24.07
25.00	Total other income (sum of lines 6-24)	74,160,850	25.00
26.00	Total (line 5 plus line 25)	207,574,778	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)	207,574,778	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140067

Period:  
From 10/01/2014  
To 09/30/2015

Worksheet I-5  
Date/Time Prepared:  
2/28/2016 8:03 pm

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140067	Period: From 10/01/2014 To 09/30/2015	Worksheet L Parts I-III Date/Time Prepared: 2/28/2016 8:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		7,625,355	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		597,735	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)		461.24	3.00
4.00	Number of interns & residents (see instructions)		126.68	4.00
5.00	Indirect medical education percentage (see instructions)		8.06	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)		614,604	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.66	8.00
9.00	Sum of lines 7 and 8		35.55	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.47	10.00
11.00	Disproportionate share adjustment (see instructions)		569,614	11.00
12.00	Total prospective capital payments (see instructions)		9,407,308	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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