

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: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet S Parts I-III Date/Time Prepared: 2/26/2016 8:05 am
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PART I - COST REPORT STATUS

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: 2/26/2016 Time: 8:05 am
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 MEMORIAL MEDICAL CENTER (140148) 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	497,767	-261,664	0	0	1.00
2.00 Subprovider - IPF	0	107,675	0		0	2.00
3.00 Subprovider - IRF	0	38,850	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	644,292	-261,664	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: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/26/2016 8:00 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62781		4.00 County: SANGAMON				
1.00 Street: 701 NORTH FIRST STREET		2.00 City: SPRINGFIELD								
		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
		V		XVIII		XIX				
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL MEDICAL CENTER	140148	44100	1	10/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	MEMORIAL MEDICAL CENTER	14S148	44100	4	10/01/1966	N	P	0	4.00
5.00	Subprovider - IRF	PSYCH UNIT								
		MEMORIAL MEDICAL CENTER	14T148	44100	5	10/01/1966	N	P	0	5.00
		REHAB UNIT								
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	MEMORIAL MEDICAL CENTER	142315	44100		10/01/1966				18.00
19.00	Other	RENAL UNIT								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)					2				21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
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.					1	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.	6,794	2,658	0	26	7,573	151		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.	434	131	0	0	396			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/26/2016 8:00 am			
		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		N		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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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	
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		22.93	58.05	0.283156	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)	FAMILY PRACTICE	1350	7.69	8.97	0.461585	65.00
65.01		INTERNAL MEDICINE	1400	6.21	24.15	0.204545	65.01
65.02		PEDIATRICS	2000	0.51	0.17	0.750000	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)	30.51	71.62	0.298737		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	9.74	10.71	0.476284 67.00	
67.01		INTERNAL MEDICINE	1400	8.03	29.98	0.211260 67.01	
67.02		PEDIATRICS	2000	0.06	0.29	0.171429 67.02	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y	N	0 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)			Y	N	0 71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y	N	0 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			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N 80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N 81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N 85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					N 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		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				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	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/01/1966			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: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/26/2016 8:00 am				
		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.		07/01/1999			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					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	14H058		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: MEMORIAL HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131		141.00		
142.00	Street: 701 NORTH FIRST STREET	PO Box:				142.00		
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62781		143.00		
					1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00		
				1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		N			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	155.00	
156.00	Subprovider - IPF		N	N	N	N	156.00	
157.00	Subprovider - IRF		N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF		N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY		N	N	N	N	160.00	
161.00	CMHC			N	N	N	161.00	
						1.00		
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	166.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/26/2016 8:00 am
			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)			0 168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00 169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/26/2016 8:00 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/22/2013	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: 140148

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

Worksheet S-2
Part II
Date/Time Prepared:
2/26/2016 8:00 am

	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		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
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
Interest Expense					
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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
Provider-Based Physicians					
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
Home Office Costs					
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.	N			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
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BOB		URBANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-788-3138		URBANCE.BOB@MHSI.L.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	01/22/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	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	355	129,393	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)		355	129,393	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,870	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		403	146,913	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,232		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		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)		469				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: 140148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2016 8:00 am

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)	37,837	5,922	85,403			1.00
2.00 HMO and other (see instructions)	17,948	9,554				2.00
3.00 HMO IPF Subprovider	1,332	2,062				3.00
4.00 HMO IRF Subprovider	533	458				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)	37,837	5,922	85,403			7.00
8.00 INTENSIVE CARE UNIT	5,405	262	11,639			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	793	656	2,720			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		657	2,946			13.00
14.00 Total (see instructions)	44,035	7,497	102,708	156.72	3,194.56	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,075	2,169	11,845	4.69	77.88	16.00
17.00 SUBPROVIDER - IRF	2,362	503	4,945	0.55	28.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)				161.96	3,300.44	27.00
28.00 Observation Bed Days		0	1,334			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,364			30.00
31.00 Employee discount days - IRF			37			31.00
32.00 Labor & delivery days (see instructions)	0	151	381			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: 140148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,738	1,686	22,332	1.00
2.00 HMO and other (see instructions)			3,487	2,076		2.00
3.00 HMO IPF Subprovider				322		3.00
4.00 HMO IRF Subprovider				31		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
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	8,738	1,686	22,332	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	339	316	1,463	16.00
17.00 SUBPROVIDER - IRF	0.00	0	220	31	449	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: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet S-3 Part II Date/Time Prepared: 2/26/2016 8:00 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	195,553,196	-4,280,361	191,272,835	7,074,156.00	27.04	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		11,107,517	0	11,107,517	138,718.00	80.07	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		557,782	0	557,782	2,080.00	268.16	5.00
6.00	Non-physician-Part B		912,244	0	912,244	26,509.00	34.41	6.00
7.00	Interns & residents (in an approved program)	21.00	7,790,098	315	7,790,413	298,405.00	26.11	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)		6,657,333	110,588	6,767,921	262,550.00	25.78	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		5,717,637	0	5,717,637	98,598.00	57.99	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		5,526,273	0	5,526,273	22,275.00	248.09	13.00
14.00	Home office salaries & wage-related costs		23,245,609	0	23,245,609	366,926.00	63.35	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		64,413,233	0	64,413,233			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,923,995	0	2,923,995			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		3,012,241	0	3,012,241			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		117,545	0	117,545			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,776,946	0	1,776,946			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,359,201	32,714	3,391,915	136,241.46	24.90	26.00
27.00	Administrative & General	5.00	23,409,317	-595,449	22,813,868	901,932.01	25.29	27.00
28.00	Administrative & General under contract (see inst.)		3,009,139	0	3,009,139	13,264.00	226.87	28.00
29.00	Maintenance & Repairs	6.00	5,435,872	36,502	5,472,374	204,333.53	26.78	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	139,340	1,731	141,071	10,782.58	13.08	31.00
32.00	Housekeeping	9.00	4,229,072	54,918	4,283,990	311,946.28	13.73	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,161,605	-2,080,174	1,081,431	74,247.37	14.57	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	906,542	2,126,002	3,032,544	213,600.68	14.20	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,293,585	70,045	2,363,630	62,492.73	37.82	38.00
39.00	Central Services and Supply	14.00	2,155,563	-253,857	1,901,706	122,537.51	15.52	39.00
40.00	Pharmacy	15.00	6,447,011	-46,231	6,400,780	156,241.06	40.97	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140148

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

Worksheet S-3
Part II
Date/Time Prepared:
2/26/2016 8:00 am

	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 3,628,016	-91,713	3,536,303	186,841.40	18.93	41.00
42.00	Social Service	17.00 0	655,583	655,583	29,867.66	21.95	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140148

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

Worksheet S-3
Part III
Date/Time Prepared:
2/26/2016 8:00 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	178,194,694	-4,280,676	173,914,018	6,621,708.00	26.26	1.00
2.00	Excluded area salaries (see instructions)	6,657,333	110,588	6,767,921	262,550.00	25.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	171,537,361	-4,391,264	167,146,097	6,359,158.00	26.28	3.00
4.00	Subtotal other wages & related costs (see inst.)	34,489,519	0	34,489,519	487,799.00	70.70	4.00
5.00	Subtotal wage-related costs (see inst.)	64,413,233	0	64,413,233	0.00	38.54	5.00
6.00	Total (sum of lines 3 thru 5)	270,440,113	-4,391,264	266,048,849	6,846,957.00	38.86	6.00
7.00	Total overhead cost (see instructions)	58,174,263	-89,929	58,084,334	2,424,328.27	23.96	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 2/26/2016 8:00 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		12,563,114	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)		17,709,054	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		2,084,990	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		14,148,927	8.00
9.00	Prescription Drug Plan		7,062,415	9.00
10.00	Dental, Hearing and Vision Plan		2,413,316	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		313,616	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)		310,419	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,912,031	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		13,251,725	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		104,043	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		370,308	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		72,243,958	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140148

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

Worksheet S-3
Part V
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,781,606	66,644,476	1.00
2.00	Hospital	5,717,637	64,413,233	2.00
3.00	Subprovider - IPF	0	1,702,580	3.00
4.00	Subprovider - IRF	63,969	528,663	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

		Outpatient		Training		Home					
		Regular 1.00	High Flux 2.00	Hemodialysis 3.00	CAPD / CCPD 4.00	Hemodialysis 5.00	CAPD / CCPD 6.00				
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00	0.00	0.00	3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	365	0					5.00			
6.00	Number of stations	11	0	0	0			6.00			
7.00	Treatment capacity per day per station	2	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1 1.00	After 12/31 2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						191	11.00			
12.00	Number of patients transplanted during the cost reporting period						22	12.00			
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00			
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00			
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00			
16.00	Number of EPO units furnished relating to the home dialysis department							16.00			
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00			
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00			
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00			
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00			
							MCP 1.00	INITIAL METHOD 2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X	21.00			
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.						
	1.00	2.00	3.00	4.00	5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet S-10 Date/Time Prepared: 2/26/2016 8:00 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.228562	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		43,345,984		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		321,635,532		6.00
7.00	Medicaid cost (line 1 times line 6)		73,513,660		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)		30,167,676		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)		30,167,676		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	16,405,462	1,107,086	17,512,548	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,749,665	253,038	4,002,703	21.00
22.00	Partial payment by patients approved for charity care	306,204	184,890	491,094	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,443,461	68,148	3,511,609	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)		8,803,807		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,201,021		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		6,602,786		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,509,146		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,020,755		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		35,188,431		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140148

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

Worksheet A
Date/Time Prepared: 2/26/2016 8:00 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		11,562,307		5,966,323	17,528,630
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	0
3.00	00300	OTHER CAP REL COSTS		0		0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,359,201	48,400,296	51,759,497	-1,869,111	49,890,386
5.00	00500	ADMINISTRATIVE & GENERAL	23,409,317	135,594,779	159,004,096	-762,326	158,241,770
6.00	00600	MAINTENANCE & REPAIRS	5,435,872	11,167,655	16,603,527	45,777	16,649,304
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	139,340	2,451,795	2,591,135	1,731	2,592,866
9.00	00900	HOUSEKEEPING	4,229,072	2,384,444	6,613,516	54,918	6,668,434
10.00	01000	DIETARY	3,161,605	1,279,884	4,441,489	-2,381,618	2,059,871
11.00	01100	CAFETERIA	906,542	2,489,393	3,395,935	2,427,446	5,823,381
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,293,585	64,728	2,358,313	70,045	2,428,358
14.00	01400	CENTRAL SERVICES & SUPPLY	2,155,563	1,608,994	3,764,557	15,342	3,779,899
15.00	01500	PHARMACY	6,447,011	24,599,285	31,046,296	-23,131,912	7,914,384
16.00	01600	MEDICAL RECORDS & LIBRARY	3,628,016	1,346,321	4,974,337	49,044	5,023,381
17.00	01700	SOCIAL SERVICE	0	0	0	921,328	921,328
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,790,098	0	7,790,098	315	7,790,413
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,400,522	1,400,522	0	1,400,522
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	9,685	9,685
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	101,986	101,986
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,322,644	6,161,530	33,484,174	1,299,943	34,784,117
31.00	03100	INTENSIVE CARE UNIT	7,700,015	2,916,217	10,616,232	8,147	10,624,379
33.00	03300	BURN INTENSIVE CARE UNIT	1,397,521	479,695	1,877,216	-3,593	1,873,623
40.00	04000	SUBPROVIDER - I PF	4,199,177	566,799	4,765,976	-3,670	4,762,306
41.00	04100	SUBPROVIDER - I RF	1,369,781	200,404	1,570,185	14,715	1,584,900
43.00	04300	NURSERY	3,572,691	1,219,461	4,792,152	-3,569,453	1,222,699
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,905,153	12,144,936	28,050,089	112,797	28,162,886
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,296,304	2,296,304
53.00	05300	ANESTHESIOLOGY	12,225,144	3,687,679	15,912,823	53,283	15,966,106
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,935,443	10,823,061	18,758,504	-118,296	18,640,208
55.00	05500	RADIOLOGY-THERAPEUTIC	2,205,990	2,433,428	4,639,418	14,313	4,653,731
57.00	05700	CT SCAN	1,117,082	2,686,778	3,803,860	5,823	3,809,683
58.00	05800	MRI	698,257	1,108,076	1,806,333	4,092	1,810,425
60.00	06000	LABORATORY	9,890,166	15,304,404	25,194,570	76,869	25,271,439
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	427,152	2,901,069	3,328,221	1,889	3,330,110
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,549,700	1,847,242	5,396,942	25,816	5,422,758
66.00	06600	PHYSICAL THERAPY	7,384,161	1,554,131	8,938,292	58,567	8,996,859
67.00	06700	OCCUPATIONAL THERAPY	1,741,797	185,397	1,927,194	6,768	1,933,962
68.00	06800	SPEECH PATHOLOGY	682,519	68,104	750,623	3,538	754,161
69.00	06900	ELECTROCARDIOLOGY	6,405,313	17,232,191	23,637,504	-7,729,784	15,907,720
69.01	03340	GI UNIT	1,523,555	1,972,034	3,495,589	13,579	3,509,168
69.02	03650	VASCULAR LAB	855,194	743,764	1,598,958	2,676	1,601,634
70.00	07000	ELECTROENCEPHALOGRAPHY	384,725	176,521	561,246	2,162	563,408
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	441,843	31,989,811	32,431,654	331,862	32,763,516
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	7,712,311	7,712,311
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,068,680	23,068,680
73.01	03640	RENAL TXPLANT LAB	214,191	307,901	522,092	944	523,036
74.00	07400	RENAL DIALYSIS	1,027,542	575,786	1,603,328	-308,087	1,295,241
75.00	07500	ASC (NON-DISTINCT PART)	2,187,768	3,974,077	6,161,845	22,768	6,184,613
76.97	07697	CARDIAC REHABILITATION	1,162,956	159,519	1,322,475	12,908	1,335,383
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,982,119	7,601,500	15,583,619	-194,407	15,389,212
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	319,266	1,050,321	1,369,587	1,574	1,371,161
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	6,749,911	6,749,911	-6,606,954	142,957
118.00		SUBTOTALS (SUM OF LINES 1-117)	194,784,087	383,172,150	577,956,237	-1,862,943	576,093,294
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,778	149,803	210,581	0	210,581

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140148

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

Worksheet A
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,921	26,606	50,527	13,130	63,657	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	10,467	10,467	1,846,036	1,856,503	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	24,408	130,297	154,705	0	154,705	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	80	80	0	80	192.09
192.10	19209	AUDIOLOGY	233,234	361,750	594,984	1,259	596,243	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	374,322	89,377	463,699	2,518	466,217	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	52,446	3,723	56,169	0	56,169	192.12
200.00		TOTAL (SUM OF LINES 118-199)	195,553,196	383,944,253	579,497,449	0	579,497,449	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140148

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

Worksheet A
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,382,007	19,910,637	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,283,151	46,607,235	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-75,538,701	82,703,069	5.00
6.00	00600	MAINTENANCE & REPAIRS	-212,190	16,437,114	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,592,866	8.00
9.00	00900	HOUSEKEEPING	-112,114	6,556,320	9.00
10.00	01000	DIETARY	-134,958	1,924,913	10.00
11.00	01100	CAFETERIA	-4,287,640	1,535,741	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-2,500	2,425,858	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,779,899	14.00
15.00	01500	PHARMACY	-8,250	7,906,134	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-32,386	4,990,995	16.00
17.00	01700	SOCIAL SERVICE	0	921,328	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-723,714	7,066,699	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,400,522	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	9,685	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	101,986	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-181,515	34,602,602	30.00
31.00	03100	INTENSIVE CARE UNIT	-981,875	9,642,504	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	-48,164	1,825,459	33.00
40.00	04000	SUBPROVIDER - I PF	-10,592	4,751,714	40.00
41.00	04100	SUBPROVIDER - I RF	-928	1,583,972	41.00
43.00	04300	NURSERY	-88,725	1,133,974	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,658,291	26,504,595	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,296,304	52.00
53.00	05300	ANESTHESIOLOGY	-11,828,651	4,137,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-210,221	18,429,987	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-6,560	4,647,171	55.00
57.00	05700	CT SCAN	22,508	3,832,191	57.00
58.00	05800	MRI	33,961	1,844,386	58.00
60.00	06000	LABORATORY	-1,140,108	24,131,331	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,330,110	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-45,227	5,377,531	65.00
66.00	06600	PHYSICAL THERAPY	-244,631	8,752,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,744	1,942,706	67.00
68.00	06800	SPEECH PATHOLOGY	0	754,161	68.00
69.00	06900	ELECTROCARDIOLOGY	-655,308	15,252,412	69.00
69.01	03340	GI UNIT	-33,390	3,475,778	69.01
69.02	03650	VASCULAR LAB	-5,088	1,596,546	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-15,792	547,616	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-551,281	32,212,235	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	7,712,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,068,680	73.00
73.01	03640	RENAL TXPLANT LAB	-11,774	511,262	73.01
74.00	07400	RENAL DIALYSIS	-21,331	1,273,910	74.00
75.00	07500	ASC (NON-DISTINCT PART)	166,272	6,350,885	75.00
76.97	07697	CARDIAC REHABILITATION	12,331	1,347,714	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,364,598	14,024,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-126,883	1,244,278	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE	-142,957	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-101,083,671	475,009,623	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	210,581	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	63,657	192.00
192.01	19201	SCHOOL OF MEDICINE	0	1,856,503	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140148

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

Worksheet A
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	154,705	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	787,786	787,866	192.09
192.10	19209	AUDIOLOGY	0	596,243	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	466,217	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	56,169	192.12
200.00		TOTAL (SUM OF LINES 118-199)	-100,295,885	479,201,564	200.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Date/Time Prepared:
2/26/2016 8:00 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - Lease Reclass					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	891,484	1.00
	O		0	891,484	
B - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,068,680	1.00
	O		0	23,068,680	
C - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,606,954	1.00
	O		0	6,606,954	
D - Social Service Reclass					
1.00	SOCIAL SERVICE	17.00	655,583	265,745	1.00
	O		655,583	265,745	
E - Renal Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	321,502	1.00
	O		0	321,502	
F - CAFE/DIETARY COSTS RECLASS					
1.00	CAFETERIA	11.00	2,115,970	301,444	1.00
	O		2,115,970	301,444	
G - FMS Reclass					
1.00	ADULTS & PEDIATRICS	30.00	992,851	308,950	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,751,333	544,971	2.00
	O		2,744,184	853,921	
H - CONTRACT LABOR					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,391	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	345,078	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	9,275	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	269,199	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	140,757	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	2,844,900	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	644,689	7.00
8.00	BURN INTENSIVE CARE UNIT	33.00	0	8,234	8.00
9.00	SUBPROVIDER - IRF	41.00	0	63,969	9.00
10.00	OPERATING ROOM	50.00	0	738,039	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,916	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	106,388	12.00
13.00	LABORATORY	60.00	0	117,119	13.00
14.00	RESPIRATORY THERAPY	65.00	0	49,477	14.00
15.00	PHYSICAL THERAPY	66.00	0	107,655	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	131,817	16.00
17.00	VASCULAR LAB	69.02	0	132,643	17.00
18.00	EMERGENCY	91.00	0	286,092	18.00
	O		0	6,050,638	
I - Kinetic Bed Reclass					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,513	1.00
	O		0	8,513	
J - BUILDING INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	250,853	1.00
	O		0	250,853	
K - Observation Reclass					
1.00	ADULTS & PEDIATRICS	30.00	18,600	6,426	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		18,600	6,426	
N - SIU Purchased Service Support					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	954,552	1.00
2.00	OPERATING ROOM	50.00	0	4,182	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
	O		0	958,734	
O - Management Incentive Program					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	37,894	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	261,674	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	21,854	0	3.00
4.00	HOUSEKEEPING	9.00	11,479	0	4.00
5.00	DIETARY	10.00	5,420	0	5.00
6.00	CAFETERIA	11.00	903	0	6.00
7.00	NURSING ADMINISTRATION	13.00	56,195	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	1,807	0	8.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Date/Time Prepared:
2/26/2016 8:00 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00	MEDICAL RECORDS & LIBRARY	16.00	20,714	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	60,638	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	14,575	0		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	6,926	0		12.00
13.00	SUBPROVIDER - IPF	40.00	22,448	0		13.00
14.00	SUBPROVIDER - IRF	41.00	7,187	0		14.00
15.00	NURSERY	43.00	6,775	0		15.00
16.00	OPERATING ROOM	50.00	55,890	0		16.00
17.00	ANESTHESIOLOGY	53.00	33,452	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	13,452	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	8,017	0		19.00
20.00	LABORATORY	60.00	20,682	0		20.00
21.00	RESPIRATORY THERAPY	65.00	7,874	0		21.00
22.00	PHYSICAL THERAPY	66.00	32,137	0		22.00
23.00	SPEECH PATHOLOGY	68.00	1,807	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	27,674	0		24.00
25.00	GI UNIT	69.01	6,024	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	903	0		26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	903	0		27.00
28.00	PHARMACY	15.00	16,877	0		28.00
29.00	RENAL DIALYSIS	74.00	8,221	0		29.00
30.00	ASC (NON-DISTINCT PART)	75.00	9,390	0		30.00
31.00	CARDIAC REHABILITATION	76.97	6,612	0		31.00
32.00	EMERGENCY	91.00	11,984	0		32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	8,094	0		33.00
			806,482	0		
S - EMS Coordinator Reclass Other Costs						
1.00	PARAMED ED PRGM-(EMS)	23.00	8,997	688		1.00
			8,997	688		
W - Success Sharing Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,211	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	143,538	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	23,923	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,731	0		4.00
5.00	HOUSEKEEPING	9.00	43,439	0		5.00
6.00	DIETARY	10.00	30,376	0		6.00
7.00	CAFETERIA	11.00	9,129	0		7.00
8.00	NURSING ADMINISTRATION	13.00	13,850	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	13,535	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	28,330	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	315	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	145,741	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	33,524	0		13.00
14.00	BURN INTENSIVE CARE UNIT	33.00	9,080	0		14.00
15.00	SUBPROVIDER - IPF	40.00	24,867	0		15.00
16.00	SUBPROVIDER - IRF	41.00	8,027	0		16.00
17.00	NURSERY	43.00	21,877	0		17.00
18.00	OPERATING ROOM	50.00	52,725	0		18.00
19.00	ANESTHESIOLOGY	53.00	19,831	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	43,596	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	6,296	0		21.00
22.00	CT SCAN	57.00	5,823	0		22.00
23.00	MRI	58.00	4,092	0		23.00
24.00	LABORATORY	60.00	56,187	0		24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	1,889	0		25.00
26.00	RESPIRATORY THERAPY	65.00	17,942	0		26.00
27.00	PHYSICAL THERAPY	66.00	33,838	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	6,768	0		28.00
29.00	SPEECH PATHOLOGY	68.00	1,731	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	26,126	0		30.00
31.00	GI UNIT	69.01	7,555	0		31.00
32.00	VASCULAR LAB	69.02	2,676	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	1,259	0		33.00
34.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	944	0		34.00
35.00	PHARMACY	15.00	21,877	0		35.00
36.00	RENAL TXPLANT LAB	73.01	944	0		36.00
37.00	RENAL DIALYSIS	74.00	5,194	0		37.00
38.00	ASC (NON-DISTINCT PART)	75.00	13,378	0		38.00
39.00	CARDIAC REHABILITATION	76.97	6,296	0		39.00
40.00	EMERGENCY	91.00	48,948	0		40.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6

Date/Time Prepared:
2/26/2016 8:00 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
41.00	KIDNEY ACQUISITION	105.00	1,574	0	41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	5,036	0	42.00
43.00	AUDIOLOGY	192.10	1,259	0	43.00
44.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	2,518	0	44.00
			963,795	0	
Y - HUMAN RESOURCE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	152,939	1.00
			0	152,939	
Z - IMPLANTABLE DEVICES					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	7,712,311	1.00
			0	7,712,311	
AA - PHARMACY RESIDENCY					
1.00	PARAMED PRGM-(PHARMACY)	23.01	84,985	17,001	1.00
	TOTALS		84,985	17,001	
500.00	Grand Total: Increases		7,398,596	47,467,833	500.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Date/Time Prepared:
2/26/2016 8:00 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Lease Recl ass							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	891,484	10		1.00
	O		0	891,484			
B - Drugs Charged to Patients							
1.00	PHARMACY	15.00	0	23,068,680	0		1.00
	O		0	23,068,680			
C - Interest Expense							
1.00	INTEREST EXPENSE	113.00	0	6,606,954	11		1.00
	O		0	6,606,954			
D - Social Service Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	655,583	265,745	0		1.00
	O		655,583	265,745			
E - Renal Medical Supplies							
1.00	RENAL DIALYSIS	74.00	0	321,502	0		1.00
	O		0	321,502			
F - CAFE/DIETARY COSTS RECLASS							
1.00	DIETARY	10.00	2,115,970	301,444	0		1.00
	O		2,115,970	301,444			
G - FMS Recl ass							
1.00	NURSERY	43.00	2,744,184	853,921	0		1.00
2.00		0.00	0	0	0		2.00
	O		2,744,184	853,921			
H - CONTRACT LABOR							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	21,391	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	345,078	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	9,275	0	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	269,199	0	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	140,757	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	2,844,900	0	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	644,689	0	0		7.00
8.00	BURN INTENSIVE CARE UNIT	33.00	8,234	0	0		8.00
9.00	SUBPROVIDER - IRF	41.00	63,969	0	0		9.00
10.00	OPERATING ROOM	50.00	738,039	0	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	33,916	0	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	106,388	0	0		12.00
13.00	LABORATORY	60.00	117,119	0	0		13.00
14.00	RESPIRATORY THERAPY	65.00	49,477	0	0		14.00
15.00	PHYSICAL THERAPY	66.00	107,655	0	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	131,817	0	0		16.00
17.00	VASCULAR LAB	69.02	132,643	0	0		17.00
18.00	EMERGENCY	91.00	286,092	0	0		18.00
	O		6,050,638	0			
I - Kinetic Bed Recl ass							
1.00	ADULTS & PEDIATRICS	30.00	0	8,513	0		1.00
	O		0	8,513			
J - BUILDING INSURANCE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	250,853	12		1.00
	O		0	250,853			
K - Observation Recl ass							
1.00	INTENSIVE CARE UNIT	31.00	3,574	1,354	0		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	14,591	5,008	0		2.00
3.00	SUBPROVIDER - IRF	41.00	435	64	0		3.00
	O		18,600	6,426			
N - SIU Purchased Service Support							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	148,296	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	224,750	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	35,024	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	50,985	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	175,344	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	7,408	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	71,273	0		7.00
8.00	EMERGENCY	91.00	0	245,654	0		8.00
	O		0	958,734			
O - Management Incentive Program							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	806,482	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6

Date/Time Prepared:
2/26/2016 8:00 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
0		0	806,482				
S - EMS Coordinator Reclass Other Costs							
1.00	91.00	8,997	688	0		1.00	
0		8,997	688				
W - Success Sharing Program							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	963,795	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	
39.00		0.00	0	0	0	39.00	
40.00		0.00	0	0	0	40.00	
41.00		0.00	0	0	0	41.00	
42.00		0.00	0	0	0	42.00	
43.00		0.00	0	0	0	43.00	
44.00		0.00	0	0	0	44.00	
0		0	963,795				

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Date/Time Prepared:
2/26/2016 8:00 am

		Decreases							
		Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
		6.00	7.00	8.00	9.00	10.00			
Y - HUMAN RESOURCE RECLASS									
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	152,939	0			1.00
	O			0	152,939				
Z - IMPLANTABLE DEVICES									
1.00	ELECTROCARDIOLOGY		69.00	0	7,712,311	0			1.00
	O			0	7,712,311				
AA - PHARMACY RESIDENCY									
1.00	PHARMACY		15.00	84,985	17,001	0			1.00
	TOTALS			84,985	17,001				
500.00	Grand Total: Decreases			11,678,957	43,187,472				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140148

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

Worksheet A-7
Part I
Date/Time Prepared:
2/26/2016 8:00 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,089,367	0	0	0	1.00
2.00	Land Improvements	28,528,333	14,916,557	0	14,916,557	2.00
3.00	Buildings and Fixtures	198,561,701	38,438,749	0	38,438,749	3.00
4.00	Building Improvements	93,674,431	29,987,452	0	29,987,452	4.00
5.00	Fixed Equipment	136,802,978	17,604,866	0	17,604,866	5.00
6.00	Movable Equipment	19,072,517	4,671,767	0	4,671,767	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	481,729,327	105,619,391	0	105,619,391	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	481,729,327	105,619,391	0	105,619,391	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,089,367	0			1.00
2.00	Land Improvements	43,444,890	15,603,748			2.00
3.00	Buildings and Fixtures	235,017,187	140,324,667			3.00
4.00	Building Improvements	122,979,564	875,147			4.00
5.00	Fixed Equipment	149,196,152	106,179,303			5.00
6.00	Movable Equipment	23,548,323	16,398,773			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	579,275,483	279,381,638			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	579,275,483	279,381,638			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140148

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

Worksheet A-7
Part II
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	11,562,307	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,562,307	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	11,562,307				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	11,562,307				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140148

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

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2016 8:00 am

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	356,439,817	0	356,439,817	0.673565	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	172,744,475	0	172,744,475	0.326435	0	2.00
3.00	Total (sum of lines 1-2)	529,184,292	0	529,184,292	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	15,022,131	-891,484	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,022,131	-891,484	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	5,529,137	250,853	0	0	19,910,637	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,529,137	250,853	0	0	19,910,637	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140148

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

Worksheet A-8

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-37,052,517				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	-17,026,315				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-134,898	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-65,523	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MISC. INCOME	B	-208,478	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01 MISC. INCOME	B	-278,788	ADMINISTRATIVE & GENERAL		5.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140148

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

Worksheet A-8

Date/Time Prepared:
2/26/2016 8:00 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center	Line #		
				1.00	2.00		
33.02	MI SC. INCOME	B	-627,142	MAINTENANCE & REPAIRS		6.00	0 33.02
33.03	MI SC. INCOME	B	-148,027	HOUSEKEEPING		9.00	0 33.03
33.04	MI SC. INCOME	B	-60	DIETARY		10.00	0 33.04
33.05	MI SC. INCOME	B	-2,000	NURSING ADMINISTRATION		13.00	0 33.05
33.06	MI SC. INCOME	B	-8,250	PHARMACY		15.00	0 33.06
33.07	MI SC. INCOME	B	-235,217	MEDICAL RECORDS & LIBRARY		16.00	0 33.07
33.08	MI SC. INCOME	B	-723,714	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.08
33.09	MI SC. INCOME	B	-19,101	ADULTS & PEDIATRICS		30.00	0 33.09
33.10	MI SC. INCOME	B	-974	NURSERY		43.00	0 33.10
33.11	MI SC. INCOME	B	-104,293	OPERATING ROOM		50.00	0 33.11
33.12	MI SC. INCOME	B	-860	RADIOLOGY-DIAGNOSTIC		54.00	0 33.12
33.13	MI SC. INCOME	B	-396	RADIOLOGY-THERAPEUTIC		55.00	0 33.13
33.14	MI SC. INCOME	B	-259,625	LABORATORY		60.00	0 33.14
33.15	MI SC. INCOME	B	-145,544	PHYSICAL THERAPY		66.00	0 33.15
33.16	MI SC. INCOME	B	-10,078	OCCUPATIONAL THERAPY		67.00	0 33.16
33.17	MI SC. INCOME	B	-99,752	ELECTROCARDIOLOGY		69.00	0 33.17
33.18	MI SC. INCOME	B	-22,254	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0 33.18
33.19	MI SC. INCOME	B	-14,565	CARDIAC REHABILITATION		76.97	0 33.19
33.20	MI SC. INCOME	B	-605	EMERGENCY		91.00	0 33.20
37.00	Cafeteria Revenues	B	-4,222,117	CAFETERIA		11.00	0 37.00
37.01	Autopsy Reimbursement	B	-33,777	LABORATORY		60.00	0 37.01
37.02	PROMPT PAY INTEREST PENALTY	B	-2,256,888	ADMINISTRATIVE & GENERAL		5.00	0 37.02
37.03	CHILDCARE INCOME	B	-1,128,982	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.03
37.04	Gain Loss on Disposal	B	-15,590	ADMINISTRATIVE & GENERAL		5.00	0 37.04
38.00	LEGAL FEES	A	-236,741	ADMINISTRATIVE & GENERAL		5.00	0 38.00
38.01	Rental Income	B	-244,395	ADMINISTRATIVE & GENERAL		5.00	0 38.01
38.04	CRNA SALARY	A	-11,054,234	ANESTHESIOLOGY		53.00	0 38.04
38.05	CRNA FICA	A	-592,434	ANESTHESIOLOGY		53.00	0 38.05
38.06	CRNA Benefits	A	-2,643,549	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.06
38.07	CRNA Gift / Employee Bonus / MIP	A	-53,283	ANESTHESIOLOGY		53.00	0 38.07
38.08	Real Estate Taxes	A	50,573	ADMINISTRATIVE & GENERAL		5.00	0 38.08
38.11	Interest Expenses	A	-1,117,417	CAP REL COSTS-BLDG & FIXT		1.00	11 38.11
38.15	Investment Mgmt Fees	B	39,600	CAP REL COSTS-BLDG & FIXT		1.00	11 38.15
38.17	Work Compensation	A	-1,331,406	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.17
38.18	AHA Life	A	7,008	CAP REL COSTS-BLDG & FIXT		1.00	9 38.18
38.22	Ambulance Offset	A	-3,046	SUBPROVIDER - IPF		40.00	0 38.22
38.23	Ambulance Offset	A	-84,738	EMERGENCY		91.00	0 38.23
39.00	Self Insurance Malpractice	A	-81,025	ADMINISTRATIVE & GENERAL		5.00	0 39.00
40.00	Self Insurance Health	A	-11,776,436	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 40.00
41.00	Pension Cost	A	14,372,089	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 41.00
42.00	ADVERTISING EXPENSE	A	-877,358	ADMINISTRATIVE & GENERAL		5.00	0 42.00
42.01	ADVERTISING EXPENSE	A	-9,963	OPERATING ROOM		50.00	0 42.01
42.02	ADVERTISING EXPENSE	A	-34,912	PHYSICAL THERAPY		66.00	0 42.02
42.03	ADVERTISING EXPENSE	A	-71,693	ELECTROCARDIOLOGY		69.00	0 42.03
42.04	ADVERTISING EXPENSE	A	-10,811	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0 42.04
42.05	ADVERTISING EXPENSE	A	-16,781	EMERGENCY		91.00	0 42.05
43.00	Post Judgement Interest	B	-33,427	ADMINISTRATIVE & GENERAL		5.00	0 43.00
44.00	Hospital Mutual Assistance Program	A	-93,204	ADMINISTRATIVE & GENERAL		5.00	0 44.00
45.00	VNA Offset	A	-228,968	ADMINISTRATIVE & GENERAL		5.00	0 45.00
46.00	Operating Released	B	-25,688	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.00
46.01	Operating Released	B	-179,363	ADMINISTRATIVE & GENERAL		5.00	0 46.01
46.02	RESTRICTED GRANT INCOME	B	-205,642	ADMINISTRATIVE & GENERAL		5.00	0 46.02
46.03	Deferred Comp Interest/Dividends	B	-142,957	INTEREST EXPENSE		113.00	0 46.03
46.04	MEDICAL DIRECTOR	A	13,259	ADMINISTRATIVE & GENERAL		5.00	0 46.04
46.05	MEDICAL DIRECTOR	A	7,500	BURN INTENSIVE CARE UNIT		33.00	0 46.05
46.06	MEDICAL DIRECTOR	A	1,484	SUBPROVIDER - IPF		40.00	0 46.06
46.07	MEDICAL DIRECTOR	A	50,639	OPERATING ROOM		50.00	0 46.07
46.08	MEDICAL DIRECTOR	A	3,870	ANESTHESIOLOGY		53.00	0 46.08
46.09	MEDICAL DIRECTOR	A	14,239	RESPIRATORY THERAPY		65.00	0 46.09
46.10	MEDICAL DIRECTOR	A	72,447	ELECTROCARDIOLOGY		69.00	0 46.10
46.11	MEDICAL DIRECTOR	A	9,196	VASCULAR LAB		69.02	0 46.11
46.12	MEDICAL DIRECTOR	A	1,073	ELECTROENCEPHALOGRAPHY		70.00	0 46.12

Provider CCN: 140148

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

Worksheet A-8
 Date/Time Prepared:
 2/26/2016 8:00 am

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	
46.13	MEDICAL DIRECTOR	A	73,489	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 46.13
46.14	MEDICAL DIRECTOR	A	45,267	ASC (NON-DISTINCT PART)	75.00	0 46.14
46.15	MEDICAL DIRECTOR	A	410	CARDIAC REHABILITATION	76.97	0 46.15
46.16	RESTRICTED GRANT INCOME	B	-25,688	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.16
46.20	NON-PERSONAL DONATIONS	A	-682,394	ADMINISTRATIVE & GENERAL	5.00	0 46.20
46.21	NON-PERSONAL DONATIONS	A	-500	NURSING ADMINISTRATION	13.00	0 46.21
46.22	NON-PERSONAL DONATIONS	A	-140	INTENSIVE CARE UNIT	31.00	0 46.22
46.23	NON-PERSONAL DONATIONS	A	-603	BURN INTENSIVE CARE UNIT	33.00	0 46.23
46.24	NON-PERSONAL DONATIONS	A	-270	SUBPROVIDER - IRF	41.00	0 46.24
46.25	NON-PERSONAL DONATIONS	A	-11,588	RADIOLOGY-DIAGNOSTIC	54.00	0 46.25
46.26	NON-PERSONAL DONATIONS	A	-365	ELECTROCARDIOLOGY	69.00	0 46.26
46.27	NON-PERSONAL DONATIONS	A	-20,733	KIDNEY ACQUISITION	105.00	0 46.27
47.00	A&G Patient Revenue Offset	B	3,539	ADMINISTRATIVE & GENERAL	5.00	0 47.00
48.00	Illinois Provider Assessment Expense	A	-16,059,642	ADMINISTRATIVE & GENERAL	5.00	0 48.00
49.00	Lobbyist Fees	A	-52,806	ADMINISTRATIVE & GENERAL	5.00	0 49.00
49.01	NON-ALLOWABLE COLLECTION FEES	A	-49	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.01
49.02	NON-ALLOWABLE COLLECTION FEES	A	-20,786	ADMINISTRATIVE & GENERAL	5.00	0 49.02
49.03	NON-ALLOWABLE COLLECTION FEES	A	-89,294	OPERATING ROOM	50.00	0 49.03
49.04	NON-ALLOWABLE COLLECTION FEES	A	-116,361	ANESTHESIOLOGY	53.00	0 49.04
49.05	NON-ALLOWABLE COLLECTION FEES	A	-79,098	ELECTROCARDIOLOGY	69.00	0 49.05
49.06	NON-ALLOWABLE COLLECTION FEES	A	-348	VASCULAR LAB	69.02	0 49.06
49.10	SPI NETWORKS SALARY	A	-557,782	OPERATING ROOM	50.00	0 49.10
49.11	SPI NETWORKS FICA	A	-15,435	OPERATING ROOM	50.00	0 49.11
49.12	SPI NETWORKS BENEFITS	A	-133,390	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.12
49.13	BARIATRICS SALARY	A	-766,968	OPERATING ROOM	50.00	0 49.13
49.14	BARIATRICS FICA	A	-58,673	OPERATING ROOM	50.00	0 49.14
49.15	BARIATRICS BENEFITS	A	-183,382	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.15
49.16	HEART FAILURE SALARY	A	-145,276	ELECTROCARDIOLOGY	69.00	0 49.16
49.17	HEART FAILURE FICA	A	-9,453	ELECTROCARDIOLOGY	69.00	0 49.17
49.18	HEART FAILURE BENEFITS	A	-34,742	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.18
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-100,295,885			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: 140148

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

Worksheet A-8-1

Date/Time Prepared: 2/26/2016 8:00 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	33,520,678	50,812,818	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - CAPITAL	3,554,124	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS	0	1,247,897	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BAYLIS RENT - A&G	48,615	2,227,671	3.01
3.02	9.00	HOUSEKEEPING	BAYLIS RENT - HSKG	10,906	0	3.02
3.03	6.00	MAINTENANCE & REPAIRS	BAYLIS RENT - MAINT	97,673	0	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT - RADIOLOGY	209,663	0	3.04
3.05	57.00	CT SCAN	BAYLIS RENT - CAT SCAN	22,508	0	3.05
3.06	58.00	MRI	BAYLIS RENT - MRI	33,961	0	3.06
3.07	60.00	LABORATORY	BAYLIS RENT - LAB	17,391	0	3.07
3.08	75.00	ASC (NON-DISTINCT PART)	BAYLIS RENT - ASC SURGERY	345,929	0	3.08
3.10	5.00	ADMINISTRATIVE & GENERAL	KOKE MILL RENT - A&G	8,710	980,439	3.10
3.11	76.97	CARDIAC REHABILITATION	KOKE MILL RENT - CARDIAC REH	32,713	0	3.11
3.12	6.00	MAINTENANCE & REPAIRS	KOKE MILL RENT - MAINT	160,362	0	3.12
3.13	9.00	HOUSEKEEPING	KOKE MILL RENT - HSKG	12,840	0	3.13
3.14	54.00	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT - RADIOLOGY	114,283	0	3.14
3.15	60.00	LABORATORY	KOKE MILL RENT - LAB	42,349	0	3.15
3.16	67.00	OCCUPATIONAL THERAPY	KOKE MILL RENT - OT	18,822	0	3.16
3.17	66.00	PHYSICAL THERAPY	KOKE MILL RENT - PT	249,666	0	3.17
3.18	60.00	LABORATORY	SIXTH LAB	62,171	0	3.18
3.19	6.00	MAINTENANCE & REPAIRS	SIXTH ENGINEERING	12,063	0	3.19
3.20	9.00	HOUSEKEEPING	SIXTH HSKG	3,093	0	3.20
3.21	5.00	ADMINISTRATIVE & GENERAL	SIXTH IT	3,609	95,260	3.21
3.22	60.00	LABORATORY	NDIRKSEN LAB	35,357	0	3.22
3.23	6.00	MAINTENANCE & REPAIRS	NDIRKSEN ENGINEERING	6,917	0	3.23
3.24	9.00	HOUSEKEEPING	NDIRKSEN HSKG	718	0	3.24
3.25	5.00	ADMINISTRATIVE & GENERAL	NDIRKSEN IT	1,463	80,392	3.25
3.26	5.00	ADMINISTRATIVE & GENERAL	VNA RENT - A&G	118,566	95,790	3.26
3.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON - HR	59,419	0	3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON - A&G	505,561	796,220	3.28
3.29	6.00	MAINTENANCE & REPAIRS	2401 W JEFFERSON -MAINT	61,338	0	3.29
3.30	9.00	HOUSEKEEPING	2401 W JEFFERSON - HSKG	7,039	0	3.30
3.31	60.00	LABORATORY	2401 W JEFFERSON - LAB	68,971	0	3.31
3.32	69.00	ELECTROCARDIOLOGY	2401 W JEFFERSON - CARDIAC A	23,790	0	3.32
3.33	16.00	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON - MED REC	244,690	0	3.33
3.34	1.00	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION	0	101,308	3.34
3.35	66.00	PHYSICAL THERAPY	PETERSBURG RENT	21,594	0	3.35
3.36	66.00	PHYSICAL THERAPY	INDUSTRIAL REHAB	89,076	0	3.36
3.37	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ALMH	0	168,372	3.37
3.38	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ALMH	0	39,542	3.38
3.39	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ALMH	0	7,495	3.39
3.40	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES TMH	0	158,180	3.40
3.41	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS TMH	0	37,148	3.41
3.42	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC TMH	0	7,041	3.42
3.43	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES VNA	0	65,088	3.43
3.44	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS VNA	0	15,286	3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC VNA	0	2,897	3.45
3.46	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ACS	0	33,747	3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ACS	0	7,925	3.47
3.48	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ACS	0	1,502	3.48
3.49	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MPS	0	299,097	3.49
3.50	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MPS	0	70,147	3.50
3.51	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MPS	0	10,983	3.51
3.52	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHCC	0	71,715	3.52
3.53	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHCC	0	4,041	3.53
3.54	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHCC	0	2,633	3.54
3.58	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHV	0	38,562	3.58
3.59	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHV	0	9,073	3.59
3.60	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHV	0	1,774	3.60
3.61	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES PAH	0	163,669	3.61
3.62	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS PAH	0	38,437	3.62
3.63	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC PAH	0	7,286	3.63
3.64	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHP	0	5,400	3.64
3.65	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHP	0	1,270	3.65
3.66	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHP	0	248	3.66
3.67	66.00	PHYSICAL THERAPY	501 N FIRST - PSYCH	56,141	0	3.67
3.68	50.00	OPERATING ROOM	501 N FIRST - PAIN CLINIC	80,078	0	3.68
3.69	6.00	MAINTENANCE & REPAIRS	501 N FIRST - MAINT	1,001	0	3.69
3.70	9.00	HOUSEKEEPING	501 N FIRST - HSKPG	1,317	0	3.70
3.71	5.00	ADMINISTRATIVE & GENERAL	501 N FIRST - IT	1,343	138,248	3.71

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

Provider CCN: 140148

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

Worksheet A-8-1

Date/Time Prepared:
2/26/2016 8:00 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
4.00	5.00	ADMINISTRATIVE & GENERAL	340 MILLER - A&G	10,054	197,985	4.00
4.01	6.00	MAINTENANCE & REPAIRS	340 MILLER - MAINT	75,598	0	4.01
4.02	60.00	LABORATORY	340 MILLER - LAB	5,646	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CHURCHILL - A&G	82,143	0	4.03
4.04	60.00	LABORATORY	CHURCHILL - LAB	4,851	0	4.04
4.06	5.00	ADMINISTRATIVE & GENERAL	VINE ST - A&G	13,265	17,054	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	2ND & MADISON - A&G	90,011	0	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	PAH LEGAL FEES	0	2,537	4.08
4.09	192.09	SIU MAP PROGRAM	SIU EXPENSES DIRECTED TO MMC	787,786	0	4.09
4.10	0.00			0	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			41,035,862	58,062,177	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.

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. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	MEMORIAL HEALTH SYSTEM	0.00	MEMORIAL HEALTH SYSTEM	0.00	6.00
7.00	E	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	7.00
8.00	E	TAYLORVILLE MEMORIAL HOSPITAL	0.00	TAYLORVILLE MEMORIAL HOSPITAL	0.00	8.00
9.00	E	PASSAVANT AREA	0.00	PASSAVANT AREA	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: 140148

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

Worksheet A-8-1

Date/Time Prepared:
2/26/2016 8:00 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-17,292,140	0		1.00
2.00	3,554,124	9		2.00
3.00	-1,247,897	0		3.00
3.01	-2,179,056	0		3.01
3.02	10,906	0		3.02
3.03	97,673	0		3.03
3.04	209,663	0		3.04
3.05	22,508	0		3.05
3.06	33,961	0		3.06
3.07	17,391	0		3.07
3.08	345,929	0		3.08
3.10	-971,729	0		3.10
3.11	32,713	0		3.11
3.12	160,362	0		3.12
3.13	12,840	0		3.13
3.14	114,283	0		3.14
3.15	42,349	0		3.15
3.16	18,822	0		3.16
3.17	249,666	0		3.17
3.18	62,171	0		3.18
3.19	12,063	0		3.19
3.20	3,093	0		3.20
3.21	-91,651	0		3.21
3.22	35,357	0		3.22
3.23	6,917	0		3.23
3.24	718	0		3.24
3.25	-78,929	0		3.25
3.26	22,776	0		3.26
3.27	59,419	0		3.27
3.28	-290,659	0		3.28
3.29	61,338	0		3.29
3.30	7,039	0		3.30
3.31	68,971	0		3.31
3.32	23,790	0		3.32
3.33	244,690	0		3.33
3.34	-101,308	9		3.34
3.35	21,594	0		3.35
3.36	89,076	0		3.36
3.37	-168,372	0		3.37
3.38	-39,542	0		3.38
3.39	-7,495	0		3.39
3.40	-158,180	0		3.40
3.41	-37,148	0		3.41
3.42	-7,041	0		3.42
3.43	-65,088	0		3.43
3.44	-15,286	0		3.44
3.45	-2,897	0		3.45
3.46	-33,747	0		3.46
3.47	-7,925	0		3.47
3.48	-1,502	0		3.48
3.49	-299,097	0		3.49
3.50	-70,147	0		3.50
3.51	-10,983	0		3.51
3.52	-71,715	0		3.52
3.53	-4,041	0		3.53
3.54	-2,633	0		3.54
3.58	-38,562	0		3.58
3.59	-9,073	0		3.59
3.60	-1,774	0		3.60
3.61	-163,669	0		3.61
3.62	-38,437	0		3.62
3.63	-7,286	0		3.63
3.64	-5,400	0		3.64
3.65	-1,270	0		3.65
3.66	-248	0		3.66
3.67	56,141	0		3.67
3.68	80,078	0		3.68
3.69	1,001	0		3.69
3.70	1,317	0		3.70
3.71	-136,905	0		3.71

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

Provider CCN: 140148

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

Worksheet A-8-1

Date/Time Prepared:
2/26/2016 8:00 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.00	-187,931	0		4.00
4.01	75,598	0		4.01
4.02	5,646	0		4.02
4.03	82,143	0		4.03
4.04	4,851	0		4.04
4.06	-3,789	0		4.06
4.07	90,011	0		4.07
4.08	-2,537	0		4.08
4.09	787,786	0		4.09
4.10	0	0		4.10
5.00	-17,026,315			5.00

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

Related Organization(s) and/or Home Office	Type of Business	6.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		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: 140148

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

Worksheet A-8-2

Date/Time Prepared:
2/26/2016 8:00 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	31,275,088	29,674,644	1,600,444	136,700	7,732	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	237,599	18,557	219,042	136,700	1,144	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	1,097,680	790,645	307,035	154,100	1,565	3.00
4.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	78,250	0	78,250	154,100	313	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	21,567	75	21,492	142,500	183	5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	1,381	125	1,256	136,700	11	6.00
7.00	43.00	AGGREGATE-NURSERY	107,730	67,966	39,764	136,700	304	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	384,322	5,903	378,419	204,100	2,015	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	29,402	0	29,402	200,300	137	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	12,719	4,719	8,000	231,100	59	10.00
11.00	60.00	AGGREGATE-LABORATORY	1,437,280	701,975	735,305	219,500	3,353	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	79,117	11,116	68,001	136,700	299	12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	580,548	214,840	365,708	136,700	1,520	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	357,541	326,406	31,135	136,700	177	14.00
15.00	69.01	AGGREGATE-GI UNIT	39,502	17,520	21,982	136,700	93	15.00
16.00	69.02	AGGREGATE-VASCULAR LAB	20,377	0	20,377	136,700	98	16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	28,760	229	28,531	136,700	181	17.00
18.00	74.00	AGGREGATE-RENAL DIALYSIS	31,781	0	31,781	136,700	159	18.00
19.00	91.00	AGGREGATE-EMERGENCY	1,293,757	1,180,130	113,627	136,700	476	19.00
20.00	105.00	AGGREGATE-KIDNEY ACQUISITION	150,249	5,517	144,732	136,700	671	20.00
21.00	73.01	AGGREGATE-RENAL TXPLANT LAB	18,000	0	18,000	219,500	59	21.00
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	8,724	0	8,724	136,700	38	22.00
23.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED T	653,877	0	653,877	136,700	946	23.00
24.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	266,333	0	266,333	204,100	422	24.00
25.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	579,383	424,718	154,665	231,100	519	25.00
200.00			38,790,967	33,445,085	5,345,882		22,474	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	508,156	25,408	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	75,185	3,759	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	115,945	5,797	0	0	0	3.00
4.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	23,189	1,159	0	0	0	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	12,537	627	0	0	0	5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	723	36	0	0	0	6.00
7.00	43.00	AGGREGATE-NURSERY	19,979	999	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	197,722	9,886	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	13,193	660	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	6,555	328	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	353,838	17,692	0	0	0	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	19,651	983	0	0	0	12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	99,896	4,995	0	0	0	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	11,633	582	0	0	0	14.00
15.00	69.01	AGGREGATE-GI UNIT	6,112	306	0	0	0	15.00
16.00	69.02	AGGREGATE-VASCULAR LAB	6,441	322	0	0	0	16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	11,895	595	0	0	0	17.00
18.00	74.00	AGGREGATE-RENAL DIALYSIS	10,450	523	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	31,283	1,564	0	0	0	19.00
20.00	105.00	AGGREGATE-KIDNEY ACQUISITION	44,099	2,205	0	0	0	20.00
21.00	73.01	AGGREGATE-RENAL TXPLANT LAB	6,226	311	0	0	0	21.00
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	2,497	125	0	0	0	22.00
23.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED T	62,172	3,109	0	0	0	23.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140148

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

Worksheet A-8-2

Date/Time Prepared:
2/26/2016 8:00 am

	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	
24.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	41,409	2,070	0	0	0	24.00
25.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	57,664	2,883	0	0	0	25.00
200.00			1,738,450	86,924	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	508,156	1,092,288	30,766,932		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	75,185	143,857	162,414		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	115,945	191,090	981,735		3.00
4.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	0	23,189	55,061	55,061		4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	12,537	8,955	9,030		5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	723	533	658		6.00
7.00	43.00	AGGREGATE-NURSERY	0	19,979	19,785	87,751		7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	197,722	180,697	186,600		8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	13,193	16,209	16,209		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	6,555	1,445	6,164		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	353,838	381,467	1,083,442		11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	19,651	48,350	59,466		12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	99,896	265,812	480,652		13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	11,633	19,502	345,908		14.00
15.00	69.01	AGGREGATE-GI UNIT	0	6,112	15,870	33,390		15.00
16.00	69.02	AGGREGATE-VASCULAR LAB	0	6,441	13,936	13,936		16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	11,895	16,636	16,865		17.00
18.00	74.00	AGGREGATE-RENAL DIALYSIS	0	10,450	21,331	21,331		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	31,283	82,344	1,262,474		19.00
20.00	105.00	AGGREGATE-KIDNEY ACQUISITION	0	44,099	100,633	106,150		20.00
21.00	73.01	AGGREGATE-RENAL TXPLANT LAB	0	6,226	11,774	11,774		21.00
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	2,497	6,227	6,227		22.00
23.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED	0	62,172	591,705	591,705		23.00
24.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	0	41,409	224,924	224,924		24.00
25.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	57,664	97,001	521,719		25.00
200.00			0	1,738,450	3,607,432	37,052,517		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	19,910,637	19,910,637			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	46,607,235	219,381	0	46,826,616	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	82,703,069	3,867,639	0	6,092,124	5.00
6.00 00600	MAINTENANCE & REPAIRS	16,437,114	2,157,864	0	1,461,321	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,592,866	168,127	0	37,671	8.00
9.00 00900	HOUSEKEEPING	6,556,320	253,775	0	1,143,980	9.00
10.00 01000	DIETARY	1,924,913	137,329	0	288,781	10.00
11.00 01100	CAFETERIA	1,535,741	436,312	0	809,798	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,425,858	94,528	0	631,174	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,779,899	360,397	0	507,824	14.00
15.00 01500	PHARMACY	7,906,134	145,917	0	1,709,239	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,990,995	275,940	0	944,320	16.00
17.00 01700	SOCIAL SERVICE	921,328	0	0	175,064	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,066,699	130,068	0	2,080,321	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,400,522	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	9,685	0	0	2,403	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	101,986	4,923	0	22,694	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	34,602,602	3,401,293	0	6,861,719	30.00
31.00 03100	INTENSIVE CARE UNIT	9,642,504	722,615	0	1,895,916	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	1,825,459	164,665	0	371,367	33.00
40.00 04000	SUBPROVIDER - IPF	4,751,714	571,618	0	1,133,966	40.00
41.00 04100	SUBPROVIDER - IRF	1,583,972	172,893	0	352,645	41.00
43.00 04300	NURSERY	1,133,974	43,836	0	228,892	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	26,504,595	1,081,169	0	3,725,413	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,296,304	44,083	0	467,669	52.00
53.00 05300	ANESTHESIOLOGY	4,137,455	120,132	0	326,904	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,429,987	801,677	0	2,125,226	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,647,171	303,321	0	564,491	55.00
57.00 05700	CT SCAN	3,832,191	76,521	0	299,856	57.00
58.00 05800	MRI	1,844,386	93,719	0	187,552	58.00
60.00 06000	LABORATORY	24,131,331	1,112,483	0	2,630,282	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,330,110	3,125	0	114,569	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	5,377,531	211,985	0	941,579	65.00
66.00 06600	PHYSICAL THERAPY	8,752,228	286,034	0	1,960,707	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,942,706	117,322	0	466,930	67.00
68.00 06800	SPEECH PATHOLOGY	754,161	27,942	0	183,202	68.00
69.00 06900	ELECTROCARDIOLOGY	15,252,412	362,780	0	1,650,822	69.00
69.01 03340	GI UNIT	3,475,778	154,774	0	410,470	69.01
69.02 03650	VASCULAR LAB	1,596,546	23,109	0	193,662	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	547,616	31,989	0	103,313	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,212,235	21,805	0	118,481	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	7,712,311	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	23,068,680	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	511,262	22,705	0	57,449	73.01
74.00 07400	RENAL DIALYSIS	1,273,910	120,402	0	277,973	74.00
75.00 07500	ASC (NON-DISTINCT PART)	6,350,885	0	0	590,293	75.00
76.97 07697	CARDIAC REHABILITATION	1,347,714	2,383	0	313,998	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	14,024,614	486,711	0	2,068,985	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,244,278	16,320	0	85,676	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	475,009,623	18,851,611	0	46,616,721	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	210,581	28,482	0	16,230	255,293 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	63,657	287,045	0	9,894	360,596 192.00
192.01 19201	SIU SCHOOL OF MEDICINE	1,856,503	116,198	0	0	1,972,701 192.01
192.03 19202	UNIVERSITY BUILDING (MHCCI)	154,705	46,848	0	6,518	208,071 192.03
192.04 19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05 19204	ACS HOME CARE	0	492,309	0	0	492,309 192.05
192.06 19205	VNA OF CENTRAL IL	0	17,579	0	0	17,579 192.06
192.07 19206	GAMBRO	0	0	0	0	0 192.07
192.08 19208	FOUNDATION	0	47,725	0	0	47,725 192.08
192.09 19207	SIU MAP PROGRAM	787,866	0	0	0	787,866 192.09
192.10 19209	AUDIOLOGY	596,243	22,840	0	62,618	681,701 192.10
192.11 19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	466,217	0	0	100,630	566,847 192.11
192.12 19212	SIU RADIOLOGY PROGRAM	56,169	0	0	14,005	70,174 192.12
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	479,201,564	19,910,637	0	46,826,616	479,201,564 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	92,662,832					5.00
6.00	00600	MAINTENANCE & REPAIRS	4,807,996	24,864,295				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	670,910	260,839	0	3,730,413		8.00
9.00	00900	HOUSEKEEPING	1,906,791	411,818	0	0	10,272,684	9.00
10.00	01000	DIETARY	563,599	213,058	0	0	85,238	10.00
11.00	01100	CAFETERIA	666,879	676,911	0	0	270,810	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	755,508	146,654	0	0	58,671	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,114,271	559,135	0	83,340	223,691	14.00
15.00	01500	PHARMACY	2,340,025	226,381	0	5,818	90,568	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,488,993	428,105	0	0	171,270	16.00
17.00	01700	SOCIAL SERVICE	262,833	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,223,950	201,793	0	11,889	80,731	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	335,740	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	2,898	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	31,069	7,638	0	0	3,056	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,755,242	5,276,903	0	1,590,417	2,111,114	30.00
31.00	03100	INTENSIVE CARE UNIT	2,939,277	1,121,094	0	262,693	448,512	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	566,108	255,468	0	78,363	102,204	33.00
40.00	04000	SUBPROVIDER - I PF	1,547,976	886,831	0	61,592	354,791	40.00
41.00	04100	SUBPROVIDER - I RF	505,702	268,233	0	106,695	107,311	41.00
43.00	04300	NURSERY	337,222	68,009	0	24,575	27,208	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,506,072	1,677,369	0	279,669	671,059	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	673,161	68,392	0	51,949	27,361	52.00
53.00	05300	ANESTHESIOLOGY	1,099,017	186,378	0	13,497	74,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,119,780	1,591,050	0	174,078	636,526	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,322,079	470,584	0	25,996	188,265	55.00
57.00	05700	CT SCAN	1,008,899	156,001	0	48,580	62,411	57.00
58.00	05800	MRI	509,573	201,654	0	9,494	80,675	58.00
60.00	06000	LABORATORY	6,682,118	1,754,759	0	2,354	702,021	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	826,525	4,848	0	3,446	1,939	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,565,667	328,882	0	10,613	131,575	65.00
66.00	06600	PHYSICAL THERAPY	2,636,728	443,764	0	107,989	177,535	66.00
67.00	06700	OCCUPATIONAL THERAPY	605,775	182,019	0	2,696	72,820	67.00
68.00	06800	SPEECH PATHOLOGY	231,408	43,351	0	0	17,343	68.00
69.00	06900	ELECTROCARDIOLOGY	4,139,095	562,831	0	34,207	225,170	69.00
69.01	03340	GI UNIT	968,734	240,122	0	49,997	96,065	69.01
69.02	03650	VASCULAR LAB	434,697	35,853	0	0	14,343	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	163,713	49,629	0	10,691	19,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,755,708	33,830	0	0	13,534	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,848,834	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,530,139	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	141,777	35,225	0	0	14,092	73.01
74.00	07400	RENAL DIALYSIS	400,889	186,797	0	21,892	74,731	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,663,974	572,980	0	118,064	229,230	75.00
76.97	07697	CARDIAC REHABILITATION	398,925	3,697	0	0	1,479	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,974,715	755,104	0	348,362	302,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	322,736	25,320	0	0	10,130	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	91,353,727	20,619,309	0	3,538,956	7,979,990	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,200	44,188	0	4,843	17,678	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	86,444	445,334	0	25,198	178,163	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	472,906	2,179,795	0	23,756	872,063	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	49,880	72,682	0	135,248	29,078	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	118,019	365,886	0	0	305,566	192.05
192.06	19205	VNA OF CENTRAL IL	4,214	213,616	0	0	166,527	192.06
192.07	19206	GAMBRO	0	311,653	0	2,412	260,275	192.07
192.08	19208	FOUNDATION	11,441	74,042	0	0	29,622	192.08
192.09	19207	SIU MAP PROGRAM	188,871	502,356	0	0	419,546	192.09
192.10	19209	AUDIOLOGY	163,421	35,434	0	0	14,176	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	135,887	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	16,822	0	0	0	0	192.12
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)	92,662,832	24,864,295	0	3,730,413	10,272,684	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,212,918					10.00
11.00	01100		4,396,451				11.00
12.00	01200			0			12.00
13.00	01300		52,451	0	4,164,844		13.00
14.00	01400		104,714	0	0	6,733,271	14.00
15.00	01500		128,093	0	0	7,599	15.00
16.00	01600		154,874	0	0	0	16.00
17.00	01700		19,069	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		255,228	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		257	0	0	0	23.00
23.01	02301		2,565	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,075,563	897,728	0	1,541,872	202,632	30.00
31.00	03100	162,212	209,155	0	359,231	80,590	31.00
33.00	03300	44,970	43,251	0	74,284	20,898	33.00
40.00	04000	404,782	133,189	0	228,756	4,517	40.00
41.00	04100	148,367	47,868	0	82,215	6,162	41.00
43.00	04300	86,367	24,114	0	41,416	9,288	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	36,908	398,199	0	683,919	397,899	50.00
52.00	05200	0	50,963	0	87,531	19,632	52.00
53.00	05300	0	24,952	0	42,855	128,077	53.00
54.00	05400	0	255,484	0	0	380,634	54.00
55.00	05500	371	38,325	0	0	15,333	55.00
57.00	05700	0	37,898	0	0	40,439	57.00
58.00	05800	0	23,087	0	0	5,620	58.00
60.00	06000	12,870	348,330	0	0	755,788	60.00
62.00	06200	0	11,116	0	0	24,414	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	105,159	0	0	44,666	65.00
66.00	06600	371	189,488	0	0	7,221	66.00
67.00	06700	0	40,121	0	0	3,540	67.00
68.00	06800	0	13,442	0	0	825	68.00
69.00	06900	147	160,706	0	276,017	1,257,448	69.00
69.01	03340	190	44,465	0	76,370	82,583	69.01
69.02	03650	0	17,854	0	30,665	39,107	69.02
70.00	07000	0	12,484	0	0	4,949	70.00
71.00	07100	0	8,551	0	14,686	2,801,136	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
73.01	03640	0	5,250	0	0	21,884	73.01
74.00	07400	4,488	28,457	0	48,877	0	74.00
75.00	07500	501	64,286	0	110,413	216,439	75.00
76.97	07697	0	29,808	0	51,197	1,181	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	46,213	233,662	0	401,322	126,958	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	7,696	0	13,218	0	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300						113.00
118.00		3,024,320	4,222,339	0	4,164,844	6,707,459	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	2,565	0	0	0	190.00
192.00	19200	1,882	1,077	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	1,710	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	186,716	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	87,339	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	62,114	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	6,225	0	0	25,727	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	11,492	0	0	85	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	1,590	0	0	0	192.12
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)	3,212,918	4,396,451	0	4,164,844	6,733,271	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	12,559,774				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,454,497			16.00
17.00	01700	SOCIAL SERVICE	0	0	1,378,294		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,902	5,155,552	950,898	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,068	692,423	21,483	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,160	159,790	29,680	0	33.00
40.00	04000	SUBPROVIDER - I PF	849	709,332	169,036	0	40.00
41.00	04100	SUBPROVIDER - I RF	670	295,907	24,451	0	41.00
43.00	04300	NURSERY	2,623	46,500	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,025	122,590	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,544	845	5,512	0	52.00
53.00	05300	ANESTHESIOLOGY	40,884	38,045	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,024	144,572	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,021	91,309	7,208	0	55.00
57.00	05700	CT SCAN	15,013	194,453	0	0	57.00
58.00	05800	MRI	1,687	53,263	0	0	58.00
60.00	06000	LABORATORY	6,293	189,381	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3	6,764	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	17,290	23,673	0	0	65.00
66.00	06600	PHYSICAL THERAPY	147	31,282	4,947	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	79	3,382	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,752	166,554	0	0	69.00
69.01	03340	GI UNIT	7,160	34,663	158,295	0	69.01
69.02	03650	VASCULAR LAB	750	6,764	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	21	1,691	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,834	59,181	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,199,822	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	5,832	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,037	82,009	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	64	4,227	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	43,220	140,345	6,784	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,559,774	8,454,497	1,378,294	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SU SCHOOL OF MEDICINE	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	0 192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	0 192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	0 192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	0 192.06
192.07	19206	GAMBRO	0	0	0	0	0	0 192.07
192.08	19208	FOUNDATION	0	0	0	0	0	0 192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	0 192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	0 192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	0 192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	0 192.12
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	12,559,774	8,454,497	1,378,294	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-(EMS)	PARAMED PRGM-(PHARMACY)	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	12,050,679				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,736,262			22.00
23.00 02300	PARAMED PRGM-(EMS)			15,243		23.00
23.01 02301	PARAMED PRGM-(PHARMACY)				173,931	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,243,042	611,339	0	0	80,375,818
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	18,575,773
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	3,745,667
40.00 04000	SUBPROVIDER - I PF	1,508,745	217,380	0	0	12,685,074
41.00 04100	SUBPROVIDER - I RF	44,588	6,424	0	0	3,754,103
43.00 04300	NURSERY	0	0	0	0	2,074,024
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,281,194	328,674	0	0	45,706,754
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,798,946
53.00 05300	ANESTHESIOLOGY	0	0	0	0	6,232,760
54.00 05400	RADIOLOGY-DIAGNOSTIC	650,737	93,758	0	0	30,420,533
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,675,474
57.00 05700	CT SCAN	0	0	0	0	5,772,262
58.00 05800	MRI	0	0	0	0	3,010,710
60.00 06000	LABORATORY	0	0	0	0	38,328,010
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	4,326,859
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	8,758,620
66.00 06600	PHYSICAL THERAPY	0	0	0	0	14,598,441
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	3,437,390
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,271,674
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	24,115,941
69.01 03340	GI UNIT	0	0	0	0	5,799,666
69.02 03650	VASCULAR LAB	0	0	0	0	2,393,350
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	945,951
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	43,058,981
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	9,561,145
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	173,931	40,972,572
73.01 03640	RENAL TXPLANT LAB	0	0	0	0	809,644
74.00 07400	RENAL DIALYSIS	0	0	0	0	2,444,248
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	10,008,111
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	2,154,673
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	791,730	114,072	15,243	0	23,880,132
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	1,725,374
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,520,036	1,371,647	15,243	173,931	462,418,680
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	385,767

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,098,694	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	5,521,221	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	496,669	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	186,716	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	1,369,119	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	464,050	192.06
192.07	19206	GAMBRO	0	0	0	0	574,340	192.07
192.08	19208	FOUNDATION	0	0	0	0	162,830	192.08
192.09	19207	SIU MAP PROGRAM	2,530,643	364,615	0	0	4,793,897	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	926,684	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	714,311	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	88,586	192.12
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)	12,050,679	1,736,262	15,243	173,931	479,201,564	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part I Date/Time Prepared: 2/26/2016 8:00 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,854,381	75,521,437
31.00	03100	INTENSIVE CARE UNIT	0	18,575,773
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,745,667
40.00	04000	SUBPROVIDER - I PF	-1,726,125	10,958,949
41.00	04100	SUBPROVIDER - I RF	-51,012	3,703,091
43.00	04300	NURSERY	0	2,074,024
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-2,609,868	43,096,886
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,798,946
53.00	05300	ANESTHESIOLOGY	0	6,232,760
54.00	05400	RADIOLOGY-DIAGNOSTIC	-744,495	29,676,038
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,675,474
57.00	05700	CT SCAN	0	5,772,262
58.00	05800	MRI	0	3,010,710
60.00	06000	LABORATORY	0	38,328,010
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,326,859
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	0	8,758,620
66.00	06600	PHYSICAL THERAPY	0	14,598,441
67.00	06700	OCCUPATIONAL THERAPY	0	3,437,390
68.00	06800	SPEECH PATHOLOGY	0	1,271,674
69.00	06900	ELECTROCARDIOLOGY	0	24,115,941
69.01	03340	GI UNIT	0	5,799,666
69.02	03650	VASCULAR LAB	0	2,393,350
70.00	07000	ELECTROENCEPHALOGRAPHY	0	945,951
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,058,981
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	9,561,145
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,972,572
73.01	03640	RENAL TXPLANT LAB	0	809,644
74.00	07400	RENAL DIALYSIS	0	2,444,248
75.00	07500	ASC (NON-DISTINCT PART)	0	10,008,111
76.97	07697	CARDIAC REHABILITATION	0	2,154,673
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIpsy	0	0
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-905,802	22,974,330
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	1,725,374
109.00	10900	PANCREAS ACQUISITION	0	0
113.00	11300	INTEREST EXPENSE		
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,891,683	451,526,997
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	385,767

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,098,694	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	5,521,221	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	496,669	192.03
192.04	19203	MEALS ON WHEELS	0	186,716	192.04
192.05	19204	ACS HOME CARE	0	1,369,119	192.05
192.06	19205	VNA OF CENTRAL IL	0	464,050	192.06
192.07	19206	GAMBRO	0	574,340	192.07
192.08	19208	FOUNDATION	0	162,830	192.08
192.09	19207	SIU MAP PROGRAM	-2,895,258	1,898,639	192.09
192.10	19209	AUDIOLOGY	0	926,684	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	714,311	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	88,586	192.12
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-13,786,941	465,414,623	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	28,367	219,381	0	247,748	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,504,803	3,867,639	0	6,372,442	5.00
6.00 00600	MAINTENANCE & REPAIRS	572,649	2,157,864	0	2,730,513	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,398	168,127	0	170,525	8.00
9.00 00900	HOUSEKEEPING	53,777	253,775	0	307,552	9.00
10.00 01000	DIETARY	14,858	137,329	0	152,187	10.00
11.00 01100	CAFETERIA	41,019	436,312	0	477,331	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	65,853	94,528	0	160,381	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	322,647	360,397	0	683,044	14.00
15.00 01500	PHARMACY	694,843	145,917	0	840,760	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	123,120	275,940	0	399,060	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	130,068	0	130,068	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	0	4,923	0	4,923	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,062,115	3,401,293	0	4,463,408	30.00
31.00 03100	INTENSIVE CARE UNIT	199,156	722,615	0	921,771	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	12,292	164,665	0	176,957	33.00
40.00 04000	SUBPROVIDER - I PF	20,123	571,618	0	591,741	40.00
41.00 04100	SUBPROVIDER - I RF	8,607	172,893	0	181,500	41.00
43.00 04300	NURSERY	36,991	43,836	0	80,827	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,225,691	1,081,169	0	4,306,860	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	66,924	44,083	0	111,007	52.00
53.00 05300	ANESTHESIOLOGY	868,391	120,132	0	988,523	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,738,696	801,677	0	3,540,373	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,178,710	303,321	0	1,482,031	55.00
57.00 05700	CT SCAN	1,011,850	76,521	0	1,088,371	57.00
58.00 05800	MRI	374,684	93,719	0	468,403	58.00
60.00 06000	LABORATORY	1,280,978	1,112,483	0	2,393,461	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,264	3,125	0	6,389	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	112,407	211,985	0	324,392	65.00
66.00 06600	PHYSICAL THERAPY	343,389	286,034	0	629,423	66.00
67.00 06700	OCCUPATIONAL THERAPY	13,315	117,322	0	130,637	67.00
68.00 06800	SPEECH PATHOLOGY	4,508	27,942	0	32,450	68.00
69.00 06900	ELECTROCARDIOLOGY	752,830	362,780	0	1,115,610	69.00
69.01 03340	GI UNIT	505,127	154,774	0	659,901	69.01
69.02 03650	VASCULAR LAB	151,772	23,109	0	174,881	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	75,517	31,989	0	107,506	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,372	21,805	0	32,177	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	6,483	22,705	0	29,188	73.01
74.00 07400	RENAL DIALYSIS	81,152	120,402	0	201,554	74.00
75.00 07500	ASC (NON-DISTINCT PART)	861,905	0	0	861,905	75.00
76.97 07697	CARDIAC REHABILITATION	52,858	2,383	0	55,241	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	322,070	486,711	0	808,781	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	2,029	16,320	0	18,349	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,808,540	18,851,611	0	38,660,151	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,482	0	28,482	86 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	287,045	0	287,045	52 192.00
192.01 19201	SIU SCHOOL OF MEDICINE	0	116,198	0	116,198	0 192.01
192.03 19202	UNIVERSITY BUILDING (MHCCI)	0	46,848	0	46,848	34 192.03
192.04 19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05 19204	ACS HOME CARE	0	492,309	0	492,309	0 192.05
192.06 19205	VNA OF CENTRAL IL	0	17,579	0	17,579	0 192.06
192.07 19206	GAMBRO	0	0	0	0	0 192.07
192.08 19208	FOUNDATION	0	47,725	0	47,725	0 192.08
192.09 19207	SIU MAP PROGRAM	0	0	0	0	0 192.09
192.10 19209	AUDIOLOGY	3,226	22,840	0	26,066	331 192.10
192.11 19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	532 192.11
192.12 19212	SIU RADIOLOGY PROGRAM	0	0	0	0	74 192.12
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	19,811,766	19,910,637	0	39,722,403	247,748 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/26/2016 8:00 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,404,678					5.00
6.00	00600	MAINTENANCE & REPAIRS	332,313	3,070,558				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,371	32,212	0	249,307		8.00
9.00	00900	HOUSEKEEPING	131,791	50,856	0	0	496,252	9.00
10.00	01000	DIETARY	38,954	26,311	0	0	4,118	10.00
11.00	01100	CAFETERIA	46,092	83,594	0	0	13,082	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	52,218	18,111	0	0	2,834	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	77,015	69,049	0	5,570	10,806	14.00
15.00	01500	PHARMACY	161,735	27,956	0	389	4,375	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	102,914	52,868	0	0	8,274	16.00
17.00	01700	SOCIAL SERVICE	18,166	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	153,712	24,920	0	795	3,900	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,205	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	200	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	2,147	943	0	0	148	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	743,497	651,654	0	106,289	101,984	30.00
31.00	03100	INTENSIVE CARE UNIT	203,153	138,447	0	17,556	21,667	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	39,128	31,548	0	5,237	4,937	33.00
40.00	04000	SUBPROVIDER - IPF	106,991	109,517	0	4,116	17,139	40.00
41.00	04100	SUBPROVIDER - IRF	34,952	33,125	0	7,131	5,184	41.00
43.00	04300	NURSERY	23,308	8,399	0	1,642	1,314	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	518,795	207,143	0	18,691	32,417	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,527	8,446	0	3,472	1,322	52.00
53.00	05300	ANESTHESIOLOGY	75,960	23,016	0	902	3,602	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	353,862	196,483	0	11,634	30,749	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	91,378	58,114	0	1,737	9,095	55.00
57.00	05700	CT SCAN	69,732	19,265	0	3,247	3,015	57.00
58.00	05800	MRI	35,220	24,903	0	634	3,897	58.00
60.00	06000	LABORATORY	461,846	216,700	0	157	33,913	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	57,127	599	0	230	94	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	108,214	40,615	0	709	6,356	65.00
66.00	06600	PHYSICAL THERAPY	182,242	54,802	0	7,217	8,576	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,869	22,478	0	180	3,518	67.00
68.00	06800	SPEECH PATHOLOGY	15,994	5,354	0	0	838	68.00
69.00	06900	ELECTROCARDIOLOGY	286,081	69,506	0	2,286	10,877	69.00
69.01	03340	GI UNIT	66,956	29,653	0	3,341	4,641	69.01
69.02	03650	VASCULAR LAB	30,045	4,428	0	0	693	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	11,315	6,129	0	715	959	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	536,049	4,178	0	0	654	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	127,785	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	382,225	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	9,799	4,350	0	0	681	73.01
74.00	07400	RENAL DIALYSIS	27,708	23,068	0	1,463	3,610	74.00
75.00	07500	ASC (NON-DISTINCT PART)	115,008	70,759	0	7,890	11,074	75.00
76.97	07697	CARDIAC REHABILITATION	27,572	457	0	0	71	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
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	274,719	93,250	0	23,281	14,593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	22,306	3,127	0	0	489	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,314,196	2,546,333	0	236,511	385,496	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,230	5,457	0	324	854	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,975	54,995	0	1,684	8,607	192.00
192.01	19201	SU SCHOOL OF MEDICINE	32,686	269,189	0	1,588	42,128	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,448	8,976	0	9,039	1,405	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	8,157	45,184	0	0	14,761	192.05
192.06	19205	VNA OF CENTRAL IL	291	26,380	0	0	8,045	192.06
192.07	19206	GAMBRO	0	38,487	0	161	12,573	192.07
192.08	19208	FOUNDATION	791	9,144	0	0	1,431	192.08
192.09	19207	SIU MAP PROGRAM	13,054	62,037	0	0	20,267	192.09
192.10	19209	AUDIOLOGY	11,295	4,376	0	0	685	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	9,392	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	1,163	0	0	0	0	192.12
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)	6,404,678	3,070,558	0	249,307	496,252	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/26/2016 8:00 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	223,098					10.00
11.00	01100	CAFETERIA	0	624,384				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	7,449	0	244,333		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,872	0	0	863,043	14.00
15.00	01500	PHARMACY	0	18,192	0	0	974	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,995	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,708	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	36,247	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	36	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	364	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	144,121	127,495	0	90,456	25,972	30.00
31.00	03100	INTENSIVE CARE UNIT	11,264	29,704	0	21,074	10,330	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,123	6,142	0	4,358	2,679	33.00
40.00	04000	SUBPROVIDER - I/PF	28,107	18,916	0	13,420	579	40.00
41.00	04100	SUBPROVIDER - I/RF	10,302	6,798	0	4,823	790	41.00
43.00	04300	NURSERY	5,997	3,425	0	2,430	1,190	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,563	56,552	0	40,122	51,001	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,238	0	5,135	2,516	52.00
53.00	05300	ANESTHESIOLOGY	0	3,544	0	2,514	16,416	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,284	0	0	48,788	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26	5,443	0	0	1,965	55.00
57.00	05700	CT SCAN	0	5,382	0	0	5,183	57.00
58.00	05800	MRI	0	3,279	0	0	720	58.00
60.00	06000	LABORATORY	894	49,470	0	0	96,873	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,579	0	0	3,129	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	14,935	0	0	5,725	65.00
66.00	06600	PHYSICAL THERAPY	26	26,911	0	0	926	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,698	0	0	454	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,909	0	0	106	68.00
69.00	06900	ELECTROCARDIOLOGY	10	22,823	0	16,193	161,173	69.00
69.01	03340	GI UNIT	13	6,315	0	4,480	10,585	69.01
69.02	03650	VASCULAR LAB	0	2,536	0	1,799	5,013	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,773	0	0	634	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,214	0	862	359,042	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	746	0	0	2,805	73.01
74.00	07400	RENAL DIALYSIS	312	4,042	0	2,867	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	35	9,130	0	6,477	27,742	75.00
76.97	07697	CARDIAC REHABILITATION	0	4,233	0	3,004	151	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,209	33,185	0	23,544	16,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,093	0	775	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	210,002	599,657	0	244,333	859,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	364	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	131	153	0	0	0	192.00
192.01	19201	SCHOOL OF MEDICINE	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

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Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSING ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	243	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	12,965	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	12,404	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	8,821	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	884	0	0	3,298	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	1,632	0	0	11	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	226	0	0	0	192.12
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)	223,098	624,384	0	244,333	863,043	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/26/2016 8:00 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,063,425					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	590,108				16.00
17.00	01700	SOCIAL SERVICE	0	0	21,800			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,289	359,849	15,040			30.00
31.00	03100	INTENSIVE CARE UNIT	1,530	48,330	340			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	776	11,153	469			33.00
40.00	04000	SUBPROVIDER - I PF	72	49,510	2,674			40.00
41.00	04100	SUBPROVIDER - I RF	57	20,654	387			41.00
43.00	04300	NURSERY	222	3,246	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,018	8,557	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	469	59	87			52.00
53.00	05300	ANESTHESIOLOGY	3,462	2,655	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,441	10,091	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	86	6,373	114			55.00
57.00	05700	CT SCAN	1,271	13,572	0			57.00
58.00	05800	MRI	143	3,718	0			58.00
60.00	06000	LABORATORY	533	13,218	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	472	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	1,464	1,652	0			65.00
66.00	06600	PHYSICAL THERAPY	12	2,183	78			66.00
67.00	06700	OCCUPATIONAL THERAPY	7	236	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,350	11,625	0			69.00
69.01	03340	GI UNIT	606	2,419	2,504			69.01
69.02	03650	VASCULAR LAB	63	472	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2	118	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,679	4,131	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,032,950	0	0			73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	494	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	765	5,724	0			75.00
76.97	07697	CARDIAC REHABILITATION	5	295	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LI THOTRI PSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,659	9,796	107			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,063,425	590,108	21,800	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SU SCHOOL OF MEDICINE	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0			192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0			192.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,063,425	590,108	21,800	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

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Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-(EMS)	PARAMED ED PRGM-(PHARMACY)	Subtotal
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
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
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	360,650			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		23,205		22.00
23.00 02300	PARAMED ED PRGM-(EMS)			249	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)			8,645	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS				6,874,335
31.00 03100	INTENSIVE CARE UNIT				1,435,198
33.00 03300	BURN INTENSIVE CARE UNIT				288,472
40.00 04000	SUBPROVIDER - I PF				948,782
41.00 04100	SUBPROVIDER - I RF				307,569
43.00 04300	NURSERY				133,211
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM				5,263,432
52.00 05200	DELIVERY ROOM & LABOR ROOM				188,753
53.00 05300	ANESTHESIOLOGY				1,122,324
54.00 05400	RADIOLOGY-DIAGNOSTIC				4,240,950
55.00 05500	RADIOLOGY-THERAPEUTIC				1,659,349
57.00 05700	CT SCAN				1,210,625
58.00 05800	MRI				541,909
60.00 06000	LABORATORY				3,280,983
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				70,225
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0
65.00 06500	RESPIRATORY THERAPY				509,044
66.00 06600	PHYSICAL THERAPY				922,771
67.00 06700	OCCUPATIONAL THERAPY				207,548
68.00 06800	SPEECH PATHOLOGY				57,620
69.00 06900	ELECTROCARDIOLOGY				1,707,269
69.01 03340	GI UNIT				793,586
69.02 03650	VASCULAR LAB				220,955
70.00 07000	ELECTROENCEPHALOGRAPHY				129,698
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				940,613
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				127,785
73.00 07300	DRUGS CHARGED TO PATIENTS				1,415,175
73.01 03640	RENAL TXPLANT LAB				47,873
74.00 07400	RENAL DIALYSIS				266,589
75.00 07500	ASC (NON-DISTINCT PART)				1,119,632
76.97 07697	CARDIAC REHABILITATION				92,690
76.98 07698	HYPERBARIC OXYGEN THERAPY				0
76.99 07699	LITHOTRIPSY				0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY				1,315,345
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS				0
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION				46,592
109.00 10900	PANCREAS ACQUISITION				0
113.00 11300	INTEREST EXPENSE				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	37,486,902
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				39,797

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES					358,642	192.00
192.01	19201	SIU SCHOOL OF MEDICINE					461,789	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)					69,993	192.03
192.04	19203	MEALS ON WHEELS					12,965	192.04
192.05	19204	ACS HOME CARE					572,815	192.05
192.06	19205	VNA OF CENTRAL IL					61,116	192.06
192.07	19206	GAMBRO					51,221	192.07
192.08	19208	FOUNDATION					59,091	192.08
192.09	19207	SIU MAP PROGRAM					95,358	192.09
192.10	19209	AUDIOLOGY					46,935	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY					11,567	192.11
192.12	19212	SIU RADIOLOGY PROGRAM					1,463	192.12
200.00		Cross Foot Adjustments	360,650	23,205	249	8,645	392,749	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	360,650	23,205	249	8,645	39,722,403	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/26/2016 8:00 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,874,335	30.00
31.00	03100	INTENSIVE CARE UNIT	1,435,198	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	288,472	33.00
40.00	04000	SUBPROVIDER - I PF	948,782	40.00
41.00	04100	SUBPROVIDER - I RF	307,569	41.00
43.00	04300	NURSERY	133,211	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	5,263,432	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	188,753	52.00
53.00	05300	ANESTHESIOLOGY	1,122,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,240,950	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,659,349	55.00
57.00	05700	CT SCAN	1,210,625	57.00
58.00	05800	MRI	541,909	58.00
60.00	06000	LABORATORY	3,280,983	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	70,225	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	509,044	65.00
66.00	06600	PHYSICAL THERAPY	922,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	207,548	67.00
68.00	06800	SPEECH PATHOLOGY	57,620	68.00
69.00	06900	ELECTROCARDIOLOGY	1,707,269	69.00
69.01	03340	GI UNIT	793,586	69.01
69.02	03650	VASCULAR LAB	220,955	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	129,698	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	940,613	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	127,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,415,175	73.00
73.01	03640	RENAL TXPLANT LAB	47,873	73.01
74.00	07400	RENAL DIALYSIS	266,589	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,119,632	75.00
76.97	07697	CARDIAC REHABILITATION	92,690	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	1,315,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	46,592	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,486,902	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,797	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	358,642	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	461,789	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	69,993	192.03
192.04	19203	MEALS ON WHEELS	0	12,965	192.04
192.05	19204	ACS HOME CARE	0	572,815	192.05
192.06	19205	VNA OF CENTRAL IL	0	61,116	192.06
192.07	19206	GAMBRO	0	51,221	192.07
192.08	19208	FOUNDATION	0	59,091	192.08
192.09	19207	SIU MAP PROGRAM	0	95,358	192.09
192.10	19209	AUDIOLOGY	0	46,935	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	11,567	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	1,463	192.12
200.00		Cross Foot Adjustments	0	392,749	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	39,722,403	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	885,710	0			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,759	0	175,356,660		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	172,049	0	22,813,868	-92,662,832	5.00
6.00 00600	MAINTENANCE & REPAIRS	95,991	0	5,472,374	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,479	0	141,071	0	8.00
9.00 00900	HOUSEKEEPING	11,289	0	4,283,990	0	9.00
10.00 01000	DIETARY	6,109	0	1,081,431	0	10.00
11.00 01100	CAFETERIA	19,409	0	3,032,544	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	4,205	0	2,363,630	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,032	0	1,901,707	0	14.00
15.00 01500	PHARMACY	6,491	0	6,400,780	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,275	0	3,536,303	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	655,583	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	7,790,413	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	8,997	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	219	0	84,985	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	151,304	0	25,695,573	0	30.00
31.00 03100	INTENSIVE CARE UNIT	32,145	0	7,099,851	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	7,325	0	1,390,702	0	33.00
40.00 04000	SUBPROVIDER - IPF	25,428	0	4,246,492	0	40.00
41.00 04100	SUBPROVIDER - IRF	7,691	0	1,320,591	0	41.00
43.00 04300	NURSERY	1,950	0	857,159	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,095	0	13,950,978	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,961	0	1,751,333	0	52.00
53.00 05300	ANESTHESIOLOGY	5,344	0	1,224,193	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	35,662	0	7,958,575	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	13,493	0	2,113,915	0	55.00
57.00 05700	CT SCAN	3,404	0	1,122,905	0	57.00
58.00 05800	MRI	4,169	0	702,349	0	58.00
60.00 06000	LABORATORY	49,488	0	9,849,916	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	139	0	429,041	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	9,430	0	3,526,039	0	65.00
66.00 06600	PHYSICAL THERAPY	12,724	0	7,342,481	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	5,219	0	1,748,565	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,243	0	686,057	0	68.00
69.00 06900	ELECTROCARDIOLOGY	16,138	0	6,182,020	0	69.00
69.01 03340	GI UNIT	6,885	0	1,537,134	0	69.01
69.02 03650	VASCULAR LAB	1,028	0	725,228	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	1,423	0	386,887	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	970	0	443,690	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	1,010	0	215,135	0	73.01
74.00 07400	RENAL DIALYSIS	5,356	0	1,040,957	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	2,210,536	0	75.00
76.97 07697	CARDIAC REHABILITATION	106	0	1,175,864	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	21,651	0	7,747,962	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	726	0	320,840	0	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	838,600	0	174,570,644	-92,662,832	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	60,778	0	255,293	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,769	0	37,051	0	360,596	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	5,169	0	0	0	1,972,701	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	2,084	0	24,408	0	208,071	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	0	492,309	192.05
192.06	19205	VNA OF CENTRAL IL	782	0	0	0	17,579	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	2,123	0	0	0	47,725	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	787,866	192.09
192.10	19209	AUDIOLOGY	1,016	0	234,493	0	681,701	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	376,840	0	566,847	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	52,446	0	70,174	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,910,637	0	46,826,616		92,662,832	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.479860	0.000000	0.267036		0.239725	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			247,748		6,404,678	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001413		0.016569	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	712,931				6.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	7,479	0	3,992,302		8.00	
9.00	00900	HOUSEKEEPING	11,808	0	0	736,246	9.00	
10.00	01000	DIETARY	6,109	0	0	6,109	372,232	10.00
11.00	01100	CAFETERIA	19,409	0	0	19,409	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,205	0	0	4,205	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,032	0	89,191	16,032	0	14.00
15.00	01500	PHARMACY	6,491	0	6,226	6,491	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,275	0	0	12,275	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	12,724	5,786	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	219	0	0	219	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,304	0	1,702,072	151,304	240,464	30.00
31.00	03100	INTENSIVE CARE UNIT	32,145	0	281,135	32,145	18,793	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,325	0	83,864	7,325	5,210	33.00
40.00	04000	SUBPROVIDER - I PF	25,428	0	65,916	25,428	46,896	40.00
41.00	04100	SUBPROVIDER - I RF	7,691	0	114,185	7,691	17,189	41.00
43.00	04300	NURSERY	1,950	0	26,300	1,950	10,006	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,095	0	299,303	48,095	4,276	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	55,596	1,961	0	52.00
53.00	05300	ANESTHESIOLOGY	5,344	0	14,445	5,344	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,620	0	186,299	45,620	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	27,821	13,493	43	55.00
57.00	05700	CT SCAN	4,473	0	51,991	4,473	0	57.00
58.00	05800	MRI	5,782	0	10,160	5,782	0	58.00
60.00	06000	LABORATORY	50,314	0	2,519	50,314	1,491	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	139	0	3,688	139	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,430	0	11,358	9,430	0	65.00
66.00	06600	PHYSICAL THERAPY	12,724	0	115,570	12,724	43	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,219	0	2,885	5,219	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	0	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,138	0	36,608	16,138	17	69.00
69.01	03340	GI UNIT	6,885	0	53,507	6,885	22	69.01
69.02	03650	VASCULAR LAB	1,028	0	0	1,028	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	11,442	1,423	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	970	0	0	970	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	0	1,010	0	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	23,429	5,356	520	74.00
75.00	07500	ASC (NON-DISTINCT PART)	16,429	0	126,352	16,429	58	75.00
76.97	07697	CARDIAC REHABILITATION	106	0	0	106	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
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,651	0	372,818	21,651	5,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	726	0	0	726	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	591,215	0	3,787,404	571,928	350,382	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	5,183	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,769	0	26,967	12,769	218	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
192.01	19201 SIU SCHOOL OF MEDICINE	62,501	0	25,424	62,501	0	192.01
192.03	19202 UNIVERSITY BUILDING (MHCCI)	2,084	0	144,743	2,084	0	192.03
192.04	19203 MEALS ON WHEELS	0	0	0	0	21,632	192.04
192.05	19204 ACS HOME CARE	10,491	0	0	21,900	0	192.05
192.06	19205 VNA OF CENTRAL IL	6,125	0	0	11,935	0	192.06
192.07	19206 GAMBRO	8,936	0	2,581	18,654	0	192.07
192.08	19208 FOUNDATION	2,123	0	0	2,123	0	192.08
192.09	19207 SIU MAP PROGRAM	14,404	0	0	30,069	0	192.09
192.10	19209 AUDIOLOGY	1,016	0	0	1,016	0	192.10
192.11	19210 SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212 SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	24,864,295	0	3,730,413	10,272,684	3,212,918	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34.876159	0.000000	0.934402	13.952788	8.631493	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,070,558	0	249,307	496,252	223,098	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.306950	0.000000	0.062447	0.674030	0.599352	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
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	257,075					11.00
12.00	01200	0	0				12.00
13.00	01300	3,067	0	141,792			13.00
14.00	01400	6,123	0	0	74,457,547		14.00
15.00	01500	7,490	0	0	84,032	23,749,312	15.00
16.00	01600	9,056	0	0	5	0	16.00
17.00	01700	1,115	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	14,924	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	15	0	0	0	0	23.00
23.01	02301	150	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	52,493	0	52,493	2,240,735	185,124	30.00
31.00	03100	12,230	0	12,230	891,179	34,164	31.00
33.00	03300	2,529	0	2,529	231,090	17,320	33.00
40.00	04000	7,788	0	7,788	49,955	1,605	40.00
41.00	04100	2,799	0	2,799	68,142	1,266	41.00
43.00	04300	1,410	0	1,410	102,703	4,960	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	23,284	0	23,284	4,400,031	22,738	50.00
52.00	05200	2,980	0	2,980	217,098	10,484	52.00
53.00	05300	1,459	0	1,459	1,416,290	77,307	53.00
54.00	05400	14,939	0	0	4,209,106	32,190	54.00
55.00	05500	2,241	0	0	169,553	1,930	55.00
57.00	05700	2,216	0	0	447,185	28,388	57.00
58.00	05800	1,350	0	0	62,143	3,190	58.00
60.00	06000	20,368	0	0	8,357,623	11,900	60.00
62.00	06200	650	0	0	269,973	6	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	6,149	0	0	493,926	32,694	65.00
66.00	06600	11,080	0	0	79,848	278	66.00
67.00	06700	2,346	0	0	39,148	149	67.00
68.00	06800	786	0	0	9,128	0	68.00
69.00	06900	9,397	0	9,397	13,905,055	52,476	69.00
69.01	03340	2,600	0	2,600	913,211	13,539	69.01
69.02	03650	1,044	0	1,044	432,453	1,418	69.02
70.00	07000	730	0	0	54,724	40	70.00
71.00	07100	500	0	500	30,975,383	37,504	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	23,068,680	73.00
73.01	03640	307	0	0	241,992	0	73.01
74.00	07400	1,664	0	1,664	0	11,028	74.00
75.00	07500	3,759	0	3,759	2,393,411	17,088	75.00
76.97	07697	1,743	0	1,743	13,059	121	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	13,663	0	13,663	1,403,925	81,725	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	450	0	450	0	0	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300						113.00
118.00		246,894	0	141,792	74,172,106	23,749,312	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	150	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	100	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	5,107	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	3,632	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	364	0	0	284,498	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	672	0	0	943	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	93	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,396,451	0	4,164,844	6,733,271	12,559,774	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.101822	0.000000	29.372912	0.090431	0.528848	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	624,384	0	244,333	863,043	1,063,425	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.428801	0.000000	1.723179	0.011591	0.044777	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	10,000					16.00
17.00 01700 SOCIAL SERVICE	0	9,752				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
23.01 02301 PARAMED ED PRGM-(PHARMACY)	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,098	6,728	0	0	3,521	30.00
31.00 03100 INTENSIVE CARE UNIT	819	152	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	189	210	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	839	1,196	0	0	1,252	40.00
41.00 04100 SUBPROVIDER - IRF	350	173	0	0	37	41.00
43.00 04300 NURSERY	55	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	145	0	0	0	1,893	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1	39	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	45	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	171	0	0	0	540	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	108	51	0	0	0	55.00
57.00 05700 CT SCAN	230	0	0	0	0	57.00
58.00 05800 MRI	63	0	0	0	0	58.00
60.00 06000 LABORATORY	224	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	8	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	28	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	37	35	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	4	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	197	0	0	0	0	69.00
69.01 03340 GI UNIT	41	1,120	0	0	0	69.01
69.02 03650 VASCULAR LAB	8	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	70	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	97	0	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	5	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
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	166	48	0	0	657	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
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
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	9,752	0	0	7,900	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00	21.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	2,100	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	192.12
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,454,497	1,378,294	0	12,050,679	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	845.449700	141.334495	0.000000	1,205.067900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	590,108	21,800	0	360,650	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	59.010800	2.235439	0.000000	36.065000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	PARAMED PRGM-(PHARMACY) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
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
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	10,000			22.00
23.00 02300 PARAMED PRGM-(EMS)		100		23.00
23.01 02301 PARAMED PRGM-(PHARMACY)			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	3,521	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	1,252	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	37	0	0	41.00
43.00 04300 NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,893	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	540	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03340 GI UNIT	0	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	0	69.02
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 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
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
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	657	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,900	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)			
	SERVICES-OTHER					
	PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	2,100	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	192.12
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,736,262	15,243	173,931	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	173.626200	152.430000	1,739.310000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,205	249	8,645	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.320500	2.490000	86.450000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2016 8:00 am

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	75,521,437		75,521,437	143,857	75,665,294	30.00
31.00	03100 INTENSIVE CARE UNIT	18,575,773		18,575,773	191,090	18,766,863	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	3,745,667		3,745,667	55,061	3,800,728	33.00
40.00	04000 SUBPROVIDER - I PF	10,958,949		10,958,949	8,955	10,967,904	40.00
41.00	04100 SUBPROVIDER - I RF	3,703,091		3,703,091	533	3,703,624	41.00
43.00	04300 NURSERY	2,074,024		2,074,024	19,785	2,093,809	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	43,096,886		43,096,886	180,697	43,277,583	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,798,946		3,798,946	0	3,798,946	52.00
53.00	05300 ANESTHESIOLOGY	6,232,760		6,232,760	16,209	6,248,969	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,676,038		29,676,038	97,001	29,773,039	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,675,474		7,675,474	1,445	7,676,919	55.00
57.00	05700 CT SCAN	5,772,262		5,772,262	0	5,772,262	57.00
58.00	05800 MRI	3,010,710		3,010,710	0	3,010,710	58.00
60.00	06000 LABORATORY	38,328,010		38,328,010	381,467	38,709,477	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,326,859		4,326,859	0	4,326,859	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	8,758,620	0	8,758,620	48,350	8,806,970	65.00
66.00	06600 PHYSICAL THERAPY	14,598,441	0	14,598,441	265,812	14,864,253	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,437,390	0	3,437,390	0	3,437,390	67.00
68.00	06800 SPEECH PATHOLOGY	1,271,674	0	1,271,674	0	1,271,674	68.00
69.00	06900 ELECTROCARDIOLOGY	24,115,941		24,115,941	19,502	24,135,443	69.00
69.01	03340 GI UNIT	5,799,666		5,799,666	15,870	5,815,536	69.01
69.02	03650 VASCULAR LAB	2,393,350		2,393,350	13,936	2,407,286	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	945,951		945,951	16,636	962,587	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	43,058,981		43,058,981	591,705	43,650,686	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	9,561,145		9,561,145	0	9,561,145	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,972,572		40,972,572	0	40,972,572	73.00
73.01	03640 RENAL TXPLANT LAB	809,644		809,644	11,774	821,418	73.01
74.00	07400 RENAL DIALYSIS	2,444,248		2,444,248	21,331	2,465,579	74.00
75.00	07500 ASC (NON-DISTINCT PART)	10,008,111		10,008,111	224,924	10,233,035	75.00
76.97	07697 CARDIAC REHABILITATION	2,154,673		2,154,673	6,227	2,160,900	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	22,974,330		22,974,330	82,344	23,056,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,163,715		1,163,715		1,163,715	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,725,374		1,725,374		1,725,374	105.00
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	452,690,712	0	452,690,712	2,414,511	455,105,223	200.00
201.00	Less Observation Beds	1,163,715		1,163,715		1,163,715	201.00
202.00	Total (see instructions)	451,526,997	0	451,526,997	2,414,511	453,941,508	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2016 8:00 am

		Title XVIIII			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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,305,047		115,305,047		30.00
31.00	03100	INTENSIVE CARE UNIT	35,554,038		35,554,038		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,114,998		7,114,998		33.00
40.00	04000	SUBPROVIDER - I/PF	23,144,372		23,144,372		40.00
41.00	04100	SUBPROVIDER - I/RF	5,755,612		5,755,612		41.00
43.00	04300	NURSERY	4,775,735		4,775,735		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	129,763,118	75,083,590	204,846,708	0.210386	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,561,244	355,444	9,916,688	0.383086	52.00
53.00	05300	ANESTHESIOLOGY	19,966,504	23,157,110	43,123,614	0.144532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,054,316	88,766,457	128,820,773	0.230367	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,481,337	56,219,525	58,700,862	0.130756	55.00
57.00	05700	CT SCAN	58,781,485	119,400,622	178,182,107	0.032395	57.00
58.00	05800	MRI	12,428,426	32,860,162	45,288,588	0.066478	58.00
60.00	06000	LABORATORY	82,172,864	116,631,966	198,804,830	0.192792	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,589,192	3,969,483	15,558,675	0.278099	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	45,928,414	14,405,107	60,333,521	0.145170	65.00
66.00	06600	PHYSICAL THERAPY	10,680,516	19,044,344	29,724,860	0.491119	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,126,739	2,295,320	11,422,059	0.300943	67.00
68.00	06800	SPEECH PATHOLOGY	2,868,080	33,143	2,901,223	0.438323	68.00
69.00	06900	ELECTROCARDIOLOGY	86,466,977	102,560,220	189,027,197	0.127579	69.00
69.01	03340	GI UNIT	4,252,982	21,077,695	25,330,677	0.228958	69.01
69.02	03650	VASCULAR LAB	8,053,462	4,344,959	12,398,421	0.193037	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	6,343,575	1,090,119	7,433,694	0.127252	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	154,100,986	36,604,745	190,705,731	0.225788	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	17,724,345	22,941,886	40,666,231	0.235113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,922,082	56,208,316	154,130,398	0.265831	73.00
73.01	03640	RENAL TXPLANT LAB	25,311	718,156	743,467	1.089011	73.01
74.00	07400	RENAL DIALYSIS	8,035,543	3,698,050	11,733,593	0.208312	74.00
75.00	07500	ASC (NON-DISTINCT PART)	876,612	50,218,901	51,095,513	0.195871	75.00
76.97	07697	CARDIAC REHABILITATION	2,465,342	2,759,995	5,225,337	0.412351	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	35,035,133	69,711,098	104,746,231	0.219333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	625,776	2,372,178	2,997,954	0.388170	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,048,980,163	926,528,591	1,975,508,754		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,048,980,163	926,528,591	1,975,508,754		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.211268		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.383086		52.00
53.00	05300 ANESTHESIOLOGY	0.144908		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.231120		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130780		55.00
57.00	05700 CT SCAN	0.032395		57.00
58.00	05800 MRI	0.066478		58.00
60.00	06000 LABORATORY	0.194711		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.278099		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.145971		65.00
66.00	06600 PHYSICAL THERAPY	0.500061		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.300943		67.00
68.00	06800 SPEECH PATHOLOGY	0.438323		68.00
69.00	06900 ELECTROCARDIOLOGY	0.127682		69.00
69.01	03340 GI UNIT	0.229585		69.01
69.02	03650 VASCULAR LAB	0.194161		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129490		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.228890		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.235113		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.265831		73.00
73.01	03640 RENAL TXPLANT LAB	1.104848		73.01
74.00	07400 RENAL DIALYSIS	0.210130		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.200273		75.00
76.97	07697 CARDIAC REHABILITATION	0.413543		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				
91.00	09100 EMERGENCY	0.220119		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.388170		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
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: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2016 8:00 am

		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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		75,521,437	143,857	75,665,294	30.00	
31.00	03100 INTENSIVE CARE UNIT		18,575,773	191,090	18,766,863	31.00	
33.00	03300 BURN INTENSIVE CARE UNIT		3,745,667	55,061	3,800,728	33.00	
40.00	04000 SUBPROVIDER - I PF		10,958,949	8,955	10,967,904	40.00	
41.00	04100 SUBPROVIDER - I RF		3,703,091	533	3,703,624	41.00	
43.00	04300 NURSERY		2,074,024	19,785	2,093,809	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		43,096,886	180,697	43,277,583	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,798,946	0	3,798,946	52.00	
53.00	05300 ANESTHESIOLOGY		6,232,760	16,209	6,248,969	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		29,676,038	97,001	29,773,039	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		7,675,474	1,445	7,676,919	55.00	
57.00	05700 CT SCAN		5,772,262	0	5,772,262	57.00	
58.00	05800 MRI		3,010,710	0	3,010,710	58.00	
60.00	06000 LABORATORY		38,328,010	381,467	38,709,477	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		4,326,859	0	4,326,859	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0	8,758,620	48,350	8,806,970	65.00	
66.00	06600 PHYSICAL THERAPY	0	14,598,441	265,812	14,864,253	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	3,437,390	0	3,437,390	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,271,674	0	1,271,674	68.00	
69.00	06900 ELECTROCARDIOLOGY		24,115,941	19,502	24,135,443	69.00	
69.01	03340 GI UNIT		5,799,666	15,870	5,815,536	69.01	
69.02	03650 VASCULAR LAB		2,393,350	13,936	2,407,286	69.02	
70.00	07000 ELECTROENCEPHALOGRAPHY		945,951	16,636	962,587	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		43,058,981	591,705	43,650,686	71.00	
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		9,561,145	0	9,561,145	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		40,972,572	0	40,972,572	73.00	
73.01	03640 RENAL TXPLANT LAB		809,644	11,774	821,418	73.01	
74.00	07400 RENAL DIALYSIS		2,444,248	21,331	2,465,579	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		10,008,111	224,924	10,233,035	75.00	
76.97	07697 CARDIAC REHABILITATION		2,154,673	6,227	2,160,900	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		22,974,330	82,344	23,056,674	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,163,715		1,163,715	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		1,725,374		1,725,374	105.00	
109.00	10900 PANCREAS ACQUISITION		0		0	109.00	
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	0	452,690,712	2,414,511	455,105,223	200.00	
201.00	Less Observation Beds		1,163,715		1,163,715	201.00	
202.00	Total (see instructions)	0	451,526,997	2,414,511	453,941,508	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2016 8:00 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,305,047		115,305,047		30.00
31.00	03100	INTENSIVE CARE UNIT	35,554,038		35,554,038		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,114,998		7,114,998		33.00
40.00	04000	SUBPROVIDER - I/PF	23,144,372		23,144,372		40.00
41.00	04100	SUBPROVIDER - I/RF	5,755,612		5,755,612		41.00
43.00	04300	NURSERY	4,775,735		4,775,735		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	129,763,118	75,083,590	204,846,708	0.210386	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,561,244	355,444	9,916,688	0.383086	52.00
53.00	05300	ANESTHESIOLOGY	19,966,504	23,157,110	43,123,614	0.144532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,054,316	88,766,457	128,820,773	0.230367	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,481,337	56,219,525	58,700,862	0.130756	55.00
57.00	05700	CT SCAN	58,781,485	119,400,622	178,182,107	0.032395	57.00
58.00	05800	MRI	12,428,426	32,860,162	45,288,588	0.066478	58.00
60.00	06000	LABORATORY	82,172,864	116,631,966	198,804,830	0.192792	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,589,192	3,969,483	15,558,675	0.278099	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	45,928,414	14,405,107	60,333,521	0.145170	65.00
66.00	06600	PHYSICAL THERAPY	10,680,516	19,044,344	29,724,860	0.491119	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,126,739	2,295,320	11,422,059	0.300943	67.00
68.00	06800	SPEECH PATHOLOGY	2,868,080	33,143	2,901,223	0.438323	68.00
69.00	06900	ELECTROCARDIOLOGY	86,466,977	102,560,220	189,027,197	0.127579	69.00
69.01	03340	GI UNIT	4,252,982	21,077,695	25,330,677	0.228958	69.01
69.02	03650	VASCULAR LAB	8,053,462	4,344,959	12,398,421	0.193037	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	6,343,575	1,090,119	7,433,694	0.127252	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	154,100,986	36,604,745	190,705,731	0.225788	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	17,724,345	22,941,886	40,666,231	0.235113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,922,082	56,208,316	154,130,398	0.265831	73.00
73.01	03640	RENAL TXPLANT LAB	25,311	718,156	743,467	1.089011	73.01
74.00	07400	RENAL DIALYSIS	8,035,543	3,698,050	11,733,593	0.208312	74.00
75.00	07500	ASC (NON-DISTINCT PART)	876,612	50,218,901	51,095,513	0.195871	75.00
76.97	07697	CARDIAC REHABILITATION	2,465,342	2,759,995	5,225,337	0.412351	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	35,035,133	69,711,098	104,746,231	0.219333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	625,776	2,372,178	2,997,954	0.388170	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,048,980,163	926,528,591	1,975,508,754		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,048,980,163	926,528,591	1,975,508,754		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/26/2016 8:00 am
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
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03340 GI UNIT	0.000000		69.01
69.02	03650 VASCULAR LAB	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	03640 RENAL TXPLANT LAB	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
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			
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
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: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part I Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,874,335	0	6,874,335	86,737	79.25	30.00
31.00	INTENSIVE CARE UNIT	1,435,198		1,435,198	11,639	123.31	31.00
33.00	BURN INTENSIVE CARE UNIT	288,472		288,472	2,720	106.06	33.00
40.00	SUBPROVIDER - IPF	948,782	0	948,782	11,845	80.10	40.00
41.00	SUBPROVIDER - IRF	307,569	0	307,569	4,945	62.20	41.00
43.00	NURSERY	133,211		133,211	2,946	45.22	43.00
200.00	Total (Lines 30-199)	9,987,567		9,987,567	120,832		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	37,837	2,998,582				
31.00	INTENSIVE CARE UNIT	5,405	666,491				
33.00	BURN INTENSIVE CARE UNIT	793	84,106				
40.00	SUBPROVIDER - IPF	4,075	326,408				
41.00	SUBPROVIDER - IRF	2,362	146,916				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	50,472	4,222,503				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part II Date/Time Prepared: 2/26/2016 8:00 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,263,432	204,846,708	0.025694	49,937,771	1,283,101	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	188,753	9,916,688	0.019034	362	7	52.00
53.00	05300 ANESTHESIOLOGY	1,122,324	43,123,614	0.026026	7,267,691	189,149	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,240,950	128,820,773	0.032921	17,208,989	566,537	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,659,349	58,700,862	0.028268	775,508	21,922	55.00
57.00	05700 CT SCAN	1,210,625	178,182,107	0.006794	23,779,338	161,557	57.00
58.00	05800 MRI	541,909	45,288,588	0.011966	5,267,790	63,034	58.00
60.00	06000 LABORATORY	3,280,983	198,804,830	0.016504	34,203,714	564,498	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	70,225	15,558,675	0.004514	4,490,565	20,270	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	509,044	60,333,521	0.008437	21,619,711	182,406	65.00
66.00	06600 PHYSICAL THERAPY	922,771	29,724,860	0.031044	3,126,246	97,051	66.00
67.00	06700 OCCUPATIONAL THERAPY	207,548	11,422,059	0.018171	2,580,804	46,896	67.00
68.00	06800 SPEECH PATHOLOGY	57,620	2,901,223	0.019861	1,000,776	19,876	68.00
69.00	06900 ELECTROCARDIOLOGY	1,707,269	189,027,197	0.009032	37,951,934	342,782	69.00
69.01	03340 GI UNIT	793,586	25,330,677	0.031329	2,128,642	66,688	69.01
69.02	03650 VASCULAR LAB	220,955	12,398,421	0.017821	3,615,883	64,439	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	129,698	7,433,694	0.017447	2,237,543	39,038	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	940,613	190,705,731	0.004932	51,954,934	256,242	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	127,785	40,666,231	0.003142	8,349,774	26,235	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,415,175	154,130,398	0.009182	38,225,864	350,990	73.00
73.01	03640 RENAL TXPLANT LAB	47,873	743,467	0.064392	16,808	1,082	73.01
74.00	07400 RENAL DIALYSIS	266,589	11,733,593	0.022720	4,730,338	107,473	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,119,632	51,095,513	0.021913	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	92,690	5,225,337	0.017739	1,149,890	20,398	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,315,345	104,746,231	0.012557	13,238,363	166,234	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	105,726	2,997,954	0.035266	276,782	9,761	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (Lines 50-199)	27,558,469	1,783,858,952		335,136,020	4,667,666	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part III Date/Time Prepared: 2/26/2016 8:00 am
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	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	86,737	0.00	37,837	0		30.00
31.00	03100	INTENSIVE CARE UNIT	11,639	0.00	5,405	0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,720	0.00	793	0		33.00
40.00	04000	SUBPROVIDER - IPF	11,845	0.00	4,075	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,945	0.00	2,362	0		41.00
43.00	04300	NURSERY	2,946	0.00	0	0		43.00
200.00		Total (lines 30-199)	120,832		50,472	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
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 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	173,931	0	173,931	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	15,243	0	15,243	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	189,174	0	189,174	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
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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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	204,846,708	0.000000	0.000000	49,937,771	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,916,688	0.000000	0.000000	362	52.00
53.00	05300 ANESTHESIOLOGY	0	43,123,614	0.000000	0.000000	7,267,691	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	128,820,773	0.000000	0.000000	17,208,989	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	58,700,862	0.000000	0.000000	775,508	55.00
57.00	05700 CT SCAN	0	178,182,107	0.000000	0.000000	23,779,338	57.00
58.00	05800 MRI	0	45,288,588	0.000000	0.000000	5,267,790	58.00
60.00	06000 LABORATORY	0	198,804,830	0.000000	0.000000	34,203,714	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	15,558,675	0.000000	0.000000	4,490,565	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	60,333,521	0.000000	0.000000	21,619,711	65.00
66.00	06600 PHYSICAL THERAPY	0	29,724,860	0.000000	0.000000	3,126,246	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,422,059	0.000000	0.000000	2,580,804	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,901,223	0.000000	0.000000	1,000,776	68.00
69.00	06900 ELECTROCARDIOLOGY	0	189,027,197	0.000000	0.000000	37,951,934	69.00
69.01	03340 GI UNIT	0	25,330,677	0.000000	0.000000	2,128,642	69.01
69.02	03650 VASCULAR LAB	0	12,398,421	0.000000	0.000000	3,615,883	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,433,694	0.000000	0.000000	2,237,543	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	190,705,731	0.000000	0.000000	51,954,934	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	40,666,231	0.000000	0.000000	8,349,774	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	173,931	154,130,398	0.001128	0.001128	38,225,864	73.00
73.01	03640 RENAL TXPLANT LAB	0	743,467	0.000000	0.000000	16,808	73.01
74.00	07400 RENAL DIALYSIS	0	11,733,593	0.000000	0.000000	4,730,338	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	51,095,513	0.000000	0.000000	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	5,225,337	0.000000	0.000000	1,149,890	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	15,243	104,746,231	0.000146	0.000146	13,238,363	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,997,954	0.000000	0.000000	276,782	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (Lines 50-199)	189,174	1,783,858,952			335,136,020	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
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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	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	19,792,642	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,071,354	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,278,765	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	19,951,568	0	55.00
57.00	05700 CT SCAN	0	29,994,756	0	57.00
58.00	05800 MRI	0	6,462,898	0	58.00
60.00	06000 LABORATORY	0	12,647,847	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,045,539	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	3,776,795	0	65.00
66.00	06600 PHYSICAL THERAPY	0	162,393	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	127	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	65	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	39,535,919	0	69.00
69.01	03340 GI UNIT	0	4,828,219	0	69.01
69.02	03650 VASCULAR LAB	0	1,349,860	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	158,578	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,993,091	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	12,346,203	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	43,119	18,880,433	21,297	73.00
73.01	03640 RENAL TXPLANT LAB	0	30,663	0	73.01
74.00	07400 RENAL DIALYSIS	0	669,949	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	8,034,041	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	1,010,766	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
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	1,933	12,909,870	1,885	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	655,685	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (Lines 50-199)	45,052	233,588,026	23,182	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.210386	19,792,642	0	0	4,164,095	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.383086	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.144532	5,071,354	0	0	732,973	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.230367	25,278,765	536	4,887	5,823,393	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130756	19,951,568	0	0	2,608,787	55.00
57.00	05700 CT SCAN	0.032395	29,994,756	0	9,774	971,680	57.00
58.00	05800 MRI	0.066478	6,462,898	0	0	429,641	58.00
60.00	06000 LABORATORY	0.192792	12,647,847	43,149	0	2,438,404	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.278099	1,045,539	0	0	290,763	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.145170	3,776,795	0	0	548,277	65.00
66.00	06600 PHYSICAL THERAPY	0.491119	162,393	0	0	79,754	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.300943	127	0	0	38	67.00
68.00	06800 SPEECH PATHOLOGY	0.438323	65	0	0	28	68.00
69.00	06900 ELECTROCARDIOLOGY	0.127579	39,535,919	0	6,109	5,043,953	69.00
69.01	03340 GI UNIT	0.228958	4,828,219	0	0	1,105,459	69.01
69.02	03650 VASCULAR LAB	0.193037	1,349,860	0	0	260,573	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.127252	158,578	0	0	20,179	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.225788	8,993,091	0	0	2,030,532	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.235113	12,346,203	0	0	2,902,753	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.265831	18,880,433	0	101,406	5,019,004	73.00
73.01	03640 RENAL TXPLANT LAB	1.089011	30,663	15	0	33,392	73.01
74.00	07400 RENAL DIALYSIS	0.208312	669,949	0	0	139,558	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.195871	8,034,041	0	0	1,573,636	75.00
76.97	07697 CARDIAC REHABILITATION	0.412351	1,010,766	0	0	416,790	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.219333	12,909,870	445	0	2,831,561	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.388170	655,685	0	0	254,517	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
200.00	Subtotal (see instructions)		233,588,026	44,145	122,176	39,719,740	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		233,588,026	44,145	122,176	39,719,740	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	123	1,126	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	317	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	8,319	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	779	69.00
69.01	03340 GI UNIT	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,957	73.00
73.01	03640 RENAL TXPLANT LAB	16	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
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
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	98	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00	Subtotal (see instructions)	8,556	29,179	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	8,556	29,179	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140148 Component CCN: 14S148		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part II Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,263,432	204,846,708	0.025694	17,520	450	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	188,753	9,916,688	0.019034	254	5	52.00
53.00	05300 ANESTHESIOLOGY	1,122,324	43,123,614	0.026026	1,673	44	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,240,950	128,820,773	0.032921	66,999	2,206	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,659,349	58,700,862	0.028268	9,054	256	55.00
57.00	05700 CT SCAN	1,210,625	178,182,107	0.006794	162,171	1,102	57.00
58.00	05800 MRI	541,909	45,288,588	0.011966	73,624	881	58.00
60.00	06000 LABORATORY	3,280,983	198,804,830	0.016504	716,536	11,826	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	70,225	15,558,675	0.004514	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	509,044	60,333,521	0.008437	31,478	266	65.00
66.00	06600 PHYSICAL THERAPY	922,771	29,724,860	0.031044	34,208	1,062	66.00
67.00	06700 OCCUPATIONAL THERAPY	207,548	11,422,059	0.018171	21,607	393	67.00
68.00	06800 SPEECH PATHOLOGY	57,620	2,901,223	0.019861	4,144	82	68.00
69.00	06900 ELECTROCARDIOLOGY	1,707,269	189,027,197	0.009032	91,648	828	69.00
69.01	03340 GI UNIT	793,586	25,330,677	0.031329	0	0	69.01
69.02	03650 VASCULAR LAB	220,955	12,398,421	0.017821	14,407	257	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	129,698	7,433,694	0.017447	10,956	191	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	940,613	190,705,731	0.004932	29,145	144	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	127,785	40,666,231	0.003142	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,415,175	154,130,398	0.009182	513,454	4,715	73.00
73.01	03640 RENAL TXPLANT LAB	47,873	743,467	0.064392	0	0	73.01
74.00	07400 RENAL DIALYSIS	266,589	11,733,593	0.022720	66,452	1,510	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,119,632	51,095,513	0.021913	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	92,690	5,225,337	0.017739	849	15	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,315,345	104,746,231	0.012557	310,869	3,904	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,997,954	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	27,452,743	1,783,858,952		2,177,048	30,137	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	173,931	0	173,931
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	15,243	0	15,243
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	189,174	0	189,174

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	204,846,708	0.000000	0.000000	17,520 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,916,688	0.000000	0.000000	254 52.00
53.00 05300 ANESTHESIOLOGY	0	43,123,614	0.000000	0.000000	1,673 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	128,820,773	0.000000	0.000000	66,999 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	58,700,862	0.000000	0.000000	9,054 55.00
57.00 05700 CT SCAN	0	178,182,107	0.000000	0.000000	162,171 57.00
58.00 05800 MRI	0	45,288,588	0.000000	0.000000	73,624 58.00
60.00 06000 LABORATORY	0	198,804,830	0.000000	0.000000	716,536 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	15,558,675	0.000000	0.000000	0 62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0 62.30
65.00 06500 RESPIRATORY THERAPY	0	60,333,521	0.000000	0.000000	31,478 65.00
66.00 06600 PHYSICAL THERAPY	0	29,724,860	0.000000	0.000000	34,208 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	11,422,059	0.000000	0.000000	21,607 67.00
68.00 06800 SPEECH PATHOLOGY	0	2,901,223	0.000000	0.000000	4,144 68.00
69.00 06900 ELECTROCARDIOLOGY	0	189,027,197	0.000000	0.000000	91,648 69.00
69.01 03340 GI UNIT	0	25,330,677	0.000000	0.000000	0 69.01
69.02 03650 VASCULAR LAB	0	12,398,421	0.000000	0.000000	14,407 69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,433,694	0.000000	0.000000	10,956 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	190,705,731	0.000000	0.000000	29,145 71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	40,666,231	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	173,931	154,130,398	0.001128	0.001128	513,454 73.00
73.01 03640 RENAL TXPLANT LAB	0	743,467	0.000000	0.000000	0 73.01
74.00 07400 RENAL DIALYSIS	0	11,733,593	0.000000	0.000000	66,452 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	51,095,513	0.000000	0.000000	0 75.00
76.97 07697 CARDIAC REHABILITATION	0	5,225,337	0.000000	0.000000	849 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	15,243	104,746,231	0.000146	0.000146	310,869 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,997,954	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0 94.00
200.00 Total (lines 50-199)	189,174	1,783,858,952			2,177,048 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	69.02
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 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	579	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
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
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	45	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	624	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/26/2016 8:00 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.210386	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.383086	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.144532	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.230367	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.130756	0	0	0	0	55.00
57.00 05700 CT SCAN	0.032395	0	0	0	0	57.00
58.00 05800 MRI	0.066478	0	0	0	0	58.00
60.00 06000 LABORATORY	0.192792	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.278099	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.145170	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.491119	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.300943	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.438323	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.127579	0	0	0	0	69.00
69.01 03340 GI UNIT	0.228958	0	0	0	0	69.01
69.02 03650 VASCULAR LAB	0.193037	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0.127252	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.225788	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.235113	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.265831	0	0	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	1.089011	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.208312	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.195871	0	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0.412351	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.219333	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.388170	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
200.00	Subtotal (see instructions)		0		0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0		0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/26/2016 8:00 am
	Component CCN: 14S148	Title XVIII	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03340 GI UNIT	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
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
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140148 Component CCN: 14T148		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part II Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,263,432	204,846,708	0.025694	41,352	1,062	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	188,753	9,916,688	0.019034	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,122,324	43,123,614	0.026026	7,521	196	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,240,950	128,820,773	0.032921	98,773	3,252	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,659,349	58,700,862	0.028268	9,051	256	55.00
57.00	05700 CT SCAN	1,210,625	178,182,107	0.006794	75,966	516	57.00
58.00	05800 MRI	541,909	45,288,588	0.011966	18,090	216	58.00
60.00	06000 LABORATORY	3,280,983	198,804,830	0.016504	303,998	5,017	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	70,225	15,558,675	0.004514	6,008	27	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	509,044	60,333,521	0.008437	209,648	1,769	65.00
66.00	06600 PHYSICAL THERAPY	922,771	29,724,860	0.031044	1,890,300	58,682	66.00
67.00	06700 OCCUPATIONAL THERAPY	207,548	11,422,059	0.018171	1,713,672	31,139	67.00
68.00	06800 SPEECH PATHOLOGY	57,620	2,901,223	0.019861	466,709	9,269	68.00
69.00	06900 ELECTROCARDIOLOGY	1,707,269	189,027,197	0.009032	17,457	158	69.00
69.01	03340 GI UNIT	793,586	25,330,677	0.031329	0	0	69.01
69.02	03650 VASCULAR LAB	220,955	12,398,421	0.017821	27,750	495	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	129,698	7,433,694	0.017447	2,944	51	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	940,613	190,705,731	0.004932	55,704	275	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	127,785	40,666,231	0.003142	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,415,175	154,130,398	0.009182	408,604	3,752	73.00
73.01	03640 RENAL TXPLANT LAB	47,873	743,467	0.064392	0	0	73.01
74.00	07400 RENAL DIALYSIS	266,589	11,733,593	0.022720	108,063	2,455	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,119,632	51,095,513	0.021913	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	92,690	5,225,337	0.017739	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,315,345	104,746,231	0.012557	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,997,954	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	27,452,743	1,783,858,952		5,461,610	118,587	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
	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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
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 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	173,931	0	173,931	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	15,243	0	15,243	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	189,174	0	189,174	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	204,846,708	0.000000	0.000000	41,352	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,916,688	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	43,123,614	0.000000	0.000000	7,521	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	128,820,773	0.000000	0.000000	98,773	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	58,700,862	0.000000	0.000000	9,051	55.00
57.00	05700 CT SCAN	0	178,182,107	0.000000	0.000000	75,966	57.00
58.00	05800 MRI	0	45,288,588	0.000000	0.000000	18,090	58.00
60.00	06000 LABORATORY	0	198,804,830	0.000000	0.000000	303,998	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	15,558,675	0.000000	0.000000	6,008	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	60,333,521	0.000000	0.000000	209,648	65.00
66.00	06600 PHYSICAL THERAPY	0	29,724,860	0.000000	0.000000	1,890,300	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,422,059	0.000000	0.000000	1,713,672	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,901,223	0.000000	0.000000	466,709	68.00
69.00	06900 ELECTROCARDIOLOGY	0	189,027,197	0.000000	0.000000	17,457	69.00
69.01	03340 GI UNIT	0	25,330,677	0.000000	0.000000	0	69.01
69.02	03650 VASCULAR LAB	0	12,398,421	0.000000	0.000000	27,750	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,433,694	0.000000	0.000000	2,944	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	190,705,731	0.000000	0.000000	55,704	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	40,666,231	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	173,931	154,130,398	0.001128	0.001128	408,604	73.00
73.01	03640 RENAL TXPLANT LAB	0	743,467	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	11,733,593	0.000000	0.000000	108,063	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	51,095,513	0.000000	0.000000	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	5,225,337	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	15,243	104,746,231	0.000146	0.000146	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,997,954	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (lines 50-199)	189,174	1,783,858,952			5,461,610	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/26/2016 8:00 am
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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	69.02
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 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	461	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
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
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	461	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/26/2016 8:00 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		86,737	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		86,737	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.		52,465	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		32,938	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)		37,837	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		75,665,294	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)		75,665,294	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		108,162,190	28.00
29.00	Private room charges (excluding swing-bed charges)		60,858,930	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		47,303,260	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.699554	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,159.99	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,436.13	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)		75,665,294	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		872.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		33,007,107	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)		33,007,107	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/26/2016 8:00 am	
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)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	18,766,863	11,639	1,612.41	5,405	8,715,076	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	3,800,728	2,720	1,397.33	793	1,108,083	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)					65,498,538	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					108,328,804	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)					3,749,179	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,712,718	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,461,897	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					99,866,907	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)					1,334	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					872.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,163,715	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/26/2016 8:00 am	
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	6,874,335	75,665,294	0.090852	1,163,715	105,726	90.00
91.00	Nursing School cost	0	75,665,294	0.000000	1,163,715	0	91.00
92.00	Allied health cost	0	75,665,294	0.000000	1,163,715	0	92.00
93.00	All other Medical Education	0	75,665,294	0.000000	1,163,715	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,845 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,845 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.			9,722 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			2,123 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)			4,075 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			10,967,904 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			10,967,904 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			17,732,985 28.00
29.00	Private room charges (excluding swing-bed charges)			14,795,680 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			2,937,305 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.618503 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,521.88 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,383.56 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			138.32 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			85.55 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			831,717 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,136,187 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			925.95 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,773,246 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,773,246 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
		Component CCN: 14S148				Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)					442,217		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,215,463		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)					326,408		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					30,761		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					357,169		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,858,294		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148 Component CCN: 14S148		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII		Subprovider - IPF		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	948,782	10,967,904	0.086505	0	0	90.00
91.00	Nursing School cost	0	10,967,904	0.000000	0	0	91.00
92.00	Allied health cost	0	10,967,904	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,967,904	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1
		Component CCN: 14T148		Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,945	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,945	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,945	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)		2,362	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,703,624	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,703,624	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,703,624	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		748.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,769,044	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,769,044	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
		Component CCN: 14T148				Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					1,946,595		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,715,639		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)					146,916		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					119,048		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					265,964		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,449,675		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148 Component CCN: 14T148		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/26/2016 8:00 am	
		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	307,569	3,703,624	0.083045	0	0	90.00
91.00	Nursing School cost	0	3,703,624	0.000000	0	0	91.00
92.00	Allied health cost	0	3,703,624	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,703,624	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/26/2016 8:00 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		47,737,097	30.00
31.00	03100	INTENSIVE CARE UNIT		16,176,502	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,314,156	33.00
40.00	04000	SUBPROVIDER - I PF		22,135	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211268	49,937,771	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383086	362	52.00
53.00	05300	ANESTHESIOLOGY	0.144908	7,267,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.231120	17,208,989	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130780	775,508	55.00
57.00	05700	CT SCAN	0.032395	23,779,338	57.00
58.00	05800	MRI	0.066478	5,267,790	58.00
60.00	06000	LABORATORY	0.194711	34,203,714	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.278099	4,490,565	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.145971	21,619,711	65.00
66.00	06600	PHYSICAL THERAPY	0.500061	3,126,246	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300943	2,580,804	67.00
68.00	06800	SPEECH PATHOLOGY	0.438323	1,000,776	68.00
69.00	06900	ELECTROCARDIOLOGY	0.127682	37,951,934	69.00
69.01	03340	GI UNIT	0.229585	2,128,642	69.01
69.02	03650	VASCULAR LAB	0.194161	3,615,883	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129490	2,237,543	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.228890	51,954,934	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.235113	8,349,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265831	38,225,864	73.00
73.01	03640	RENAL TXPLANT LAB	1.104848	16,808	73.01
74.00	07400	RENAL DIALYSIS	0.210130	4,730,338	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.200273	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.413543	1,149,890	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.220119	13,238,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.388170	276,782	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		335,136,020	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)		335,136,020	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3	
		Component CCN: 14S148		Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		6,635,994	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211268	17,520	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383086	254	52.00
53.00	05300	ANESTHESIOLOGY	0.144908	1,673	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.231120	66,999	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130780	9,054	55.00
57.00	05700	CT SCAN	0.032395	162,171	57.00
58.00	05800	MRI	0.066478	73,624	58.00
60.00	06000	LABORATORY	0.194711	716,536	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.278099	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.145971	31,478	65.00
66.00	06600	PHYSICAL THERAPY	0.500061	34,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300943	21,607	67.00
68.00	06800	SPEECH PATHOLOGY	0.438323	4,144	68.00
69.00	06900	ELECTROCARDIOLOGY	0.127682	91,648	69.00
69.01	03340	GI UNIT	0.229585	0	69.01
69.02	03650	VASCULAR LAB	0.194161	14,407	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129490	10,956	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.228890	29,145	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.235113	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265831	513,454	73.00
73.01	03640	RENAL TXPLANT LAB	1.104848	0	73.01
74.00	07400	RENAL DIALYSIS	0.210130	66,452	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.200273	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.413543	849	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.220119	310,869	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.388170	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		2,177,048	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)		2,177,048	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3	
		Component CCN: 14T148		Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,739,450	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211268	41,352	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383086	0	52.00
53.00	05300	ANESTHESIOLOGY	0.144908	7,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.231120	98,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130780	9,051	55.00
57.00	05700	CT SCAN	0.032395	75,966	57.00
58.00	05800	MRI	0.066478	18,090	58.00
60.00	06000	LABORATORY	0.194711	303,998	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.278099	6,008	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.145971	209,648	65.00
66.00	06600	PHYSICAL THERAPY	0.500061	1,890,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300943	1,713,672	67.00
68.00	06800	SPEECH PATHOLOGY	0.438323	466,709	68.00
69.00	06900	ELECTROCARDIOLOGY	0.127682	17,457	69.00
69.01	03340	GI UNIT	0.229585	0	69.01
69.02	03650	VASCULAR LAB	0.194161	27,750	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129490	2,944	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.228890	55,704	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.235113	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265831	408,604	73.00
73.01	03640	RENAL TXPLANT LAB	1.104848	0	73.01
74.00	07400	RENAL DIALYSIS	0.210130	108,063	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.200273	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.413543	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.220119	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.388170	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		5,461,610	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)		5,461,610	202.00

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

Provider CCN: 140148

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/26/2016 8:00 am

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	
Kidney Hospital PPS							
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	17,356	872.35	20	17,447	1.00
2.00	INTENSIVE CARE UNIT	43.00	7,184	1,612.41	2	3,225	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,397.33	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)		24,540		22	20,672	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	0.210386	180,575	37,990	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.383086	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.144532	38,525	5,568	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.230367	113,382	26,119	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130756	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.032395	104,435	3,383	15.00	
16.00	MRI	58.00	0.066478	6,325	420	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.192792	489,306	94,334	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 CELL	62.00	0.278099	17,700	4,922	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.145170	12,268	1,781	23.00	
24.00	PHYSICAL THERAPY	66.00	0.491119	24,966	12,261	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.300943	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.438323	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.127579	167,077	21,316	27.00	
27.01	GI UNIT	69.01	0.228958	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.193037	1,860	359	27.02	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.127252	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.225788	89,376	20,180	29.00	
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0.235113	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.265831	26,128	6,946	31.00	
31.01	RENAL TXPLANT LAB	73.01	1.089011	703,355	765,961	31.01	
32.00	RENAL DIALYSIS	74.00	0.208312	1,688	352	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.195871	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.412351	221	91	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	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	
38.00	EMERGENCY	91.00	0.219333	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.388170	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			1,977,187	1,001,983	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: 140148

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/26/2016 8:00 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	20	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	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)			22	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	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,022,655		2,001,727		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,725,374		1,849,682		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)	2,748,029		3,851,409		61.00	
62.00	Total Usable Organs (see instructions)		32			62.00	
63.00	Medicare Usable Organs (see instructions)		27			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.843750			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,318,649		3,249,626		65.00	
66.00	Revenue for Organs Sold	22,000		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,296,649		3,249,626		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,296,649	0	3,249,626	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		4	10		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	18		73.00	
74.00	Total (sum of lines 70 thru 73)		4	28		74.00	
75.00	Organs Transplanted		4	18	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	10	22,000	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		4	28		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: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		77,980,890		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)		3,524,218		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		30,477,642		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		398.85		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		87.55		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)		87.55		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		156.72		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		87.55		12.00
13.00	Total allowable FTE count for the prior year.		87.55		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.		87.55		14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.55		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		87.55		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.219506		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.220679		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.219506		21.00
22.00	IME payment adjustment (see instructions)		8,810,281		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,443,364		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		14.30		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		69.17		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)		14.30		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.035853		26.00
27.00	IME payments adjustment factor. (see instructions)		0.009483		27.00
28.00	IME add-on adjustment amount (see instructions)		739,493		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		289,019		28.01
29.00	Total IME payment (sum of lines 22 and 28)		9,549,774		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/26/2016 8:00 am	
		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)		3,732,383		29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.31		30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.47		31.00
32.00	Sum of lines 30 and 31		20.78		32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.36		33.00
34.00	Disproportionate share adjustment (see instructions)		1,239,896		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		0 35.00
35.01	Factor 3 (see instructions)		0.00000000		0.00000000 35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		0		3,601,148 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		3,601,148 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,601,148		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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)		0.00		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)		95,895,926		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)		99,628,309		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		7,476,974		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).		3,484,360		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		11,312		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		2,296,649		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).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		45,052		58.00
59.00	Total (sum of amounts on lines 49 through 58)		112,942,656		59.00
60.00	Primary payer payments		114,053		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		112,828,603		61.00
62.00	Deductibles billed to program beneficiaries		7,980,332		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/26/2016 8:00 am
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		Title XVIII	Hospital	PPS	
		Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00
63.00	Coinsurance billed to program beneficiaries		239,324		63.00
64.00	Allowable bad debts (see instructions)		1,726,996		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,122,547		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,300,326		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		105,731,494		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL 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)		-176,817		70.93
70.94	HRR adjustment amount (see instructions)		-93,591		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)		105,461,086		71.00
71.01	Sequestration adjustment (see instructions)		2,109,222		71.01
72.00	Interim payments		102,854,097		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)		497,767		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,367,337		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
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. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/26/2016 8:00 am
		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: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		37,735	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,696,558	2.00
3.00	PPS payments		38,562,212	3.00
4.00	Outlier payment (see instructions)		84,244	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		23,182	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		37,735	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		166,321	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)		166,321	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		166,321	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		128,586	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)		37,735	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)		38,669,638	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		27	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,621,346	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)		31,086,000	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,169,420	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)		32,255,420	30.00
31.00	Primary payer payments		6,780	31.00
32.00	Subtotal (line 30 minus line 31)		32,248,640	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,476,428	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		959,678	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,115,389	36.00
37.00	Subtotal (see instructions)		33,208,318	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-30	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)		33,208,348	40.00
40.01	Sequestration adjustment (see instructions)		664,167	40.01
41.00	Interim payments		32,805,845	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-261,664	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		61,188	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/26/2016 8:00 am
		Component CCN: 14S148		
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		56	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		56	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		11	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		45	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		45	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		45	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		45	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)		45	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		44	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140148

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

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		95,222,653		30,407,692	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		7,394,355		2,262,432	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	09/22/2015	237,089	09/22/2015	135,721	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)		237,089		135,721	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)		102,854,097		32,805,845	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		497,767		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		261,664	6.02
7.00	Total Medicare program liability (see instructions)		103,351,864		32,544,181	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: 140148
Component CCN: 14S148

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

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		3,030,529		44	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)		3,030,529		44	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		107,675		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,138,204		44	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: 140148
Component CCN: 14T148

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

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am
PPS

Title XVIII

Subprovider -
IRF

		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		3,911,249		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	05/05/2015	26,102		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)		-26,102		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)		3,885,147		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		38,850		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,923,997		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: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E-1 Part II Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		22,332	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		44,035	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		17,948	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		99,762	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,975,508,754	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		17,512,548	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
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
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: 140148 Component CCN: 14S148	Period: From 10/01/2014 To 09/30/2015	Worksheet E-3 Part II Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,110,080 1.00
2.00	Net IPF PPS Outlier Payments			76,193 2.00
3.00	Net IPF PPS ECT Payments			102,803 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			3.12 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			4.69 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.12 8.00
9.00	Average Daily Census (see instructions)			32.452055 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.048411 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			150,562 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,439,638 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,439,638 16.00
17.00	Primary payer payments			3,178 17.00
18.00	Subtotal (line 16 less line 17).			3,436,460 18.00
19.00	Deductibles			276,816 19.00
20.00	Subtotal (line 18 minus line 19)			3,159,644 20.00
21.00	Coinsurance			72,178 21.00
22.00	Subtotal (line 20 minus line 21)			3,087,466 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			175,629 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			114,159 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			140,276 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,201,625 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			624 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,202,249 31.00
31.01	Sequestration adjustment (see instructions)			64,045 31.01
32.00	Interim payments			3,030,529 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			107,675 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			76,193 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2014 To 09/30/2015	Worksheet E-3 Part III Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,654,148 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0074 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			218,153 3.00
4.00	Outlier Payments			33,181 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.83 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.55 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.55 9.00
10.00	Average Daily Census (see instructions)			13.547945 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.041272 11.00
12.00	Teaching Adjustment (see instructions)			150,814 12.00
13.00	Total PPS Payment (see instructions)			4,056,296 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)			4,056,296 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,056,296 19.00
20.00	Deductibles			40,144 20.00
21.00	Subtotal (line 19 minus line 20)			4,016,152 21.00
22.00	Coinsurance			17,171 22.00
23.00	Subtotal (line 21 minus line 22)			3,998,981 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,134 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,637 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,989 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,003,618 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)			461 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)			4,004,079 32.00
32.01	Sequestration adjustment (see instructions)			80,082 32.01
33.00	Interim payments			3,885,147 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)			38,850 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			33,181 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: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/26/2016 8:00 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			112.84	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			9.26	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)			103.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			160.94	6.00
7.00	Enter the lesser of line 5 or line 6			103.58	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.	62.12	90.42	152.54	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.	39.98	58.19	98.17	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	39.98	58.19		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	38.35	60.60		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	39.82	58.05		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	39.38	58.95		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	39.38	58.95		17.00
18.00	Per resident amount	82,006.19	82,006.19		18.00
19.00	Approved amount for resident costs	3,229,404	4,834,265	8,063,669	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			57.36	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			8,063,669	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	50,472	19,813		26.00
27.00	Total Inpatient Days (see instructions)	116,933	116,933		27.00
28.00	Ratio of inpatient days to total inpatient days	0.431632	0.169439		28.00
29.00	Program direct GME amount	3,480,538	1,366,300		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		193,058		30.00
31.00	Net Program direct GME amount			4,653,780	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/26/2016 8:00 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		11,733,593	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		116,259,906	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,296,649	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		117,231	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		118,439,324	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		39,757,475	42.00
43.00	Primary payer payments (see instructions)		6,780	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		39,750,695	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		158,190,019	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.748716	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.251284	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,653,780	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,484,360	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,169,420	50.00

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

Provider CCN: 140148

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

Worksheet G

Date/Time Prepared:
2/26/2016 8:00 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	48,943,204	0	0	0	1.00
2.00	Temporary investments	83,130,011	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	123,385,085	0	0	0	4.00
5.00	Other receivable	12,585,911	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,619,000	0	0	0	6.00
7.00	Inventory	9,543,772	0	0	0	7.00
8.00	Prepaid expenses	5,323,699	0	0	0	8.00
9.00	Other current assets	7,623,030	0	0	0	9.00
10.00	Due from other funds	9,734,899	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	289,650,611	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,089,366	0	0	0	12.00
13.00	Land improvements	43,444,888	0	0	0	13.00
14.00	Accumulated depreciation	-15,603,748	0	0	0	14.00
15.00	Buildings	356,439,817	0	0	0	15.00
16.00	Accumulated depreciation	-140,324,667	0	0	0	16.00
17.00	Leasehold improvements	1,556,933	0	0	0	17.00
18.00	Accumulated depreciation	-875,147	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	172,744,475	0	0	0	23.00
24.00	Accumulated depreciation	-122,578,077	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	299,893,840	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	59,362,442	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	206,924,656	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	266,287,098	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	855,831,549	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	50,087,451	0	0	0	37.00
38.00	Salaries, wages, and fees payable	24,235,737	0	0	0	38.00
39.00	Payroll taxes payable	775,116	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	32,193,699	0	0	0	43.00
44.00	Other current liabilities	12,860,288	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	120,152,291	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	212,670,155	0	0	0	46.00
47.00	Notes payable	4,092,122	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	84,191,363	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	300,953,640	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	421,105,931	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	434,725,618	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)	434,725,618	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	855,831,549	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140148

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

Worksheet G-1

Date/Time Prepared:
2/26/2016 8:00 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		463,128,580		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		43,834,537			2.00
3.00	Total (sum of line 1 and line 2)		506,963,117		0	3.00
4.00	ASSETS RELEASED	9,439		0		4.00
5.00	CHANGE IN VALUE/INT RATE SWAP	90,487		0		5.00
6.00	TRANSFER FROM RELATED ORGANIZATION	825,161		0		6.00
7.00	OTHER ADDITIONS	2,523,502		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,448,589		0	10.00
11.00	Subtotal (line 3 plus line 10)		510,411,706		0	11.00
12.00	CONTRIBUTIONS	37,129,403		0		12.00
13.00	CHANGE IN MIN PENSION LEVEL	38,556,685		0		13.00
14.00	OTHER DEDUCTIONS	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)		75,686,088		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		434,725,618		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	ASSETS RELEASED		0			4.00
5.00	CHANGE IN VALUE/INT RATE SWAP		0			5.00
6.00	TRANSFER FROM RELATED ORGANIZATION		0			6.00
7.00	OTHER ADDITIONS		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	CONTRIBUTIONS		0			12.00
13.00	CHANGE IN MIN PENSION LEVEL		0			13.00
14.00	OTHER DEDUCTIONS		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: 140148

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	125,867,462		125,867,462	1.00
2.00	SUBPROVIDER - IPF	19,818,540		19,818,540	2.00
3.00	SUBPROVIDER - IRF	5,782,682		5,782,682	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)	151,468,684		151,468,684	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	35,660,510		35,660,510	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	7,141,083		7,141,083	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)	42,801,593		42,801,593	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	194,270,277		194,270,277	17.00
18.00	Ancillary services	878,517,097	984,897,670	1,863,414,767	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HAMP RESTATEMENT	0	-23,828,931	-23,828,931	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,072,787,374	961,068,739	2,033,856,113	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		579,497,449		29.00
30.00	GRANT EXPENSE	3,991			30.00
31.00	PURCHASED SERVICE HAMP	33,772,518			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)		33,776,509		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)		613,273,958		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet G-3 Date/Time Prepared: 2/26/2016 8:00 am
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			2,033,856,113 1.00
2.00	Less contractual allowances and discounts on patients' accounts			1,470,669,202 2.00
3.00	Net patient revenues (line 1 minus line 2)			563,186,911 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			613,273,958 4.00
5.00	Net income from service to patients (line 3 minus line 4)			-50,087,047 5.00
	OTHER INCOME			
6.00	Contributions, donations, bequests, etc			38,365 6.00
7.00	Income from investments			0 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			4,431,965 14.00
15.00	Revenue from rental of living quarters			0 15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0 16.00
17.00	Revenue from sale of drugs to other than patients			0 17.00
18.00	Revenue from sale of medical records and abstracts			0 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			204,330 20.00
21.00	Rental of vending machines			65,523 21.00
22.00	Rental of hospital space			1,562,110 22.00
23.00	Governmental appropriations			0 23.00
24.00	HIGHER EDUCATION			0 24.00
24.01	CAPI TATION			56,966,378 24.01
24.02	AUTOPSY REVENUE			33,777 24.02
24.03	MI SCELLANEOUS INCOME			2,922,489 24.03
24.04	OTHER			-2,676,884 24.04
24.05	CHILD CARE			1,128,982 24.05
24.06	HOSPITAL ACCESS IMPROVEMENT PAYMENT			35,145,371 24.06
24.07	CAPI TATION REVENUE			0 24.07
24.08	OTHER OPERATING REVENUE			2,200,638 24.08
24.09	NON-OPERATING RELEASE FROM RESTRICTE			0 24.09
24.10	GAIN/LOSS ON FAIR VALUE			538,083 24.10
24.11	INTEREST RATE SWAP			0 24.11
24.12	REALI ZED GAIN/LOSS			6,737,818 24.12
24.13	UNREALI ZED GAIN/LOSS			-19,601,477 24.13
24.14	DEFERRED COMP INT/DIVI DENDS			159,682 24.14
24.15	DONATIONS UNRESTRICTED			0 24.15
24.16	CONTRI BUTIONS RELEASED			0 24.16
24.17	INTEREST INCOME 85 SERIES			197 24.17
24.18	OPERATI ONS INVESTMENT INTEREST			0 24.18
24.19	DEFERRED COMP EXPENSE			0 24.19
24.20	WORKERS COMP INTEREST			123,187 24.20
24.21	INVESTMENT INCOME EXPENSE			-1,183,235 24.21
24.22	SELF INSURANCE INTEREST			275,257 24.22
24.23	BOND FUND INTERST INCOME			4,888,591 24.23
24.24	BOND SERIES INTEREST INCOME			37 24.24
24.25	INVESTMENT MGMT FEES			-39,600 24.25
24.26	EXTRAORDINARY INCOME			0 24.26
25.00	Total other income (sum of lines 6-24)			93,921,584 25.00
26.00	Total (line 5 plus line 25)			43,834,537 26.00
27.00	OTHER EXPENSES (SPECI FY)			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)			43,834,537 29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140148

Period:

Worksheet I-1

Component CCN: 142315

From 10/01/2014

Date/Time Prepared:

To 09/30/2015

2/26/2016 8:00 am

		Total Costs	Bas is	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	872,726	HOURS OF SERVICE	43,376.67	20.85	1.00
2.00	LICENSED PRACTICAL NURSES	54,181	HOURS OF SERVICE	4,611.75	2.22	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	10,450	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	114,049	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,051,406				9.00
10.00	EMPLOYEE BENEFITS	77,038	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	81,152	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS	11,028	REQUISITIONS			15.00
16.00	OTHER	53,286	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,273,910				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	120,402	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	277,973	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	400,889	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	261,528	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	5,832	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	103,714	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,444,248				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,444,248				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140148

Period: From 10/01/2014

Worksheet 1-2

Component CCN: 142315

To 09/30/2015

Date/Time Prepared: 2/26/2016 8:00 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	463,082	0	872,726	54,181	355,011	16,860	1.00
MAINTENANCE								
2.00	Hemodialysis	107,816	0	323,574	54,181	143,404	5,100	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	355,266	0	549,152	0	211,607	11,760	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	463,082	0	872,726	54,181	355,011	16,860	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	1,761,860	682,388	2,444,248		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	634,075	245,584	879,659		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	1,127,785	436,804	1,564,589		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	0	0	1,761,860	682,388	2,444,248		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,444,248		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

Period: From 10/01/2014

Worksheet 1-3

Component CCN: 142315

To 09/30/2015

Date/Time Prepared: 2/26/2016 8:00 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	463,082	0	872,726	54,181	355,011	1.00
MAINTENANCE							
2.00	Hemodialysis	1,247	24,547.00	15,354.00	4,198.00	415,069	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	19,330	4,109	56,605.00	26,058.00	0.00	612,473
13.00	Method II Home Patient	0	0.00	0.00	0.00	0.00	0
14.00	EPO	0	0.00	0.00	0.00	0.00	0
15.00	ARANESP	0	0.00	0.00	0.00	0.00	0
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	5,356	81,152.00	41,412.00	4,198.00	1,027,542	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	86.460418	0.000000	21.074230	12.906384	0.345495	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	16,860	0	0	1,761,860	682,388	1.00
MAINTENANCE							
2.00	Hemodialysis	3,336	0	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	7,692	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	11,028	0	0		1,761,860	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.528836	0.000000	0.000000		0.387311	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140148

Period: From 10/01/2014

Worksheet 1-4

Component CCN: 142315

To 09/30/2015

Date/Time Prepared: 2/26/2016 8:00 am

		Rate 0		Renal Dialysis			
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	1,206	879,659	729.40	628	458,063	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks		Patient Weeks			
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,206	879,659		628	458,063	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,206					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	189,459	301.69				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	189,459					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet 1-5 Date/Time Prepared: 2/26/2016 8:00 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	458,063		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	189,459	189,459	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)	189,459	189,459	2.03
2.04	Outlier payments	5,873		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	611	611	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)	611	611	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	37,769	37,769	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)	37,769	37,769	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	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	38,380	8.00
9.00	Program payment (see instructions)	151,078	151,078	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
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	879,659		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	879,659		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140148	Period: From 10/01/2014 To 09/30/2015	Worksheet L Parts I-III Date/Time Prepared: 2/26/2016 8:00 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,184,862	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		352,632	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)		278.10	3.00
4.00	Number of interns & residents (see instructions)		101.85	4.00
5.00	Indirect medical education percentage (see instructions)		10.89	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)		673,531	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.47	8.00
9.00	Sum of lines 7 and 8		20.78	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.30	10.00
11.00	Disproportionate share adjustment (see instructions)		265,949	11.00
12.00	Total prospective capital payments (see instructions)		7,476,974	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP		
	0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	0	0	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	0	9.00
10.00 01000	DIETARY	0	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
60.00 06000	LABORATORY	0	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03340	GI UNIT	0	0	0	69.01
69.02 03650	VASCULAR LAB	0	0	0	69.02
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99 07699	LITHOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	0	0	0	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	109.00
113.00 11300	INTEREST EXPENSE	0	0	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
		0	1.00			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03 19202 UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04 19203 MEALS ON WHEELS	0	0	0	0	0	192.04
192.05 19204 ACS HOME CARE	0	0	0	0	0	192.05
192.06 19205 VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07 19206 GAMBRO	0	0	0	0	0	192.07
192.08 19208 FOUNDATION	0	0	0	0	0	192.08
192.09 19207 SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10 19209 AUDIOLOGY	0	0	0	0	0	192.10
192.11 19210 SOUTHWEST AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12 19212 SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00 Total Statistical Basis		885,710	0	0	175,356,660	203.00
204.00 Unit Cost Multiplier		0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	0					5.00
6.00	00600	0	0				6.00
7.00	00700	0	0	0			7.00
8.00	00800	0	0	0	0		8.00
9.00	00900	0	0	0	0	0	9.00
10.00	01000	0	0	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03340	0	0	0	0	0	69.01
69.02	03650	0	0	0	0	0	69.02
70.00	07000	0	0	0	0	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
73.01	03640	0	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00
118.00		0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.03	19202	0	0	0	0	0	192.03

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	386,538,732	712,931	0	3,992,302	736,246	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	0					10.00
11.00	01100	0	0				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	0		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03340	0	0	0	0	0	69.01
69.02	03650	0	0	0	0	0	69.02
70.00	07000	0	0	0	0	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
73.01	03640	0	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00
118.00		0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	372,232	257,075	0	141,792	74,457,547	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
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						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	0	0				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
23.01	02301	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0			30.00
31.00	03100	0	0	0			31.00
33.00	03300	0	0	0			33.00
40.00	04000	0	0	0			40.00
41.00	04100	0	0	0			41.00
43.00	04300	0	0	0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0			50.00
52.00	05200	0	0	0			52.00
53.00	05300	0	0	0			53.00
54.00	05400	0	0	0			54.00
55.00	05500	0	0	0			55.00
57.00	05700	0	0	0			57.00
58.00	05800	0	0	0			58.00
60.00	06000	0	0	0			60.00
62.00	06200	0	0	0			62.00
62.30	06250	0	0	0			62.30
65.00	06500	0	0	0			65.00
66.00	06600	0	0	0			66.00
67.00	06700	0	0	0			67.00
68.00	06800	0	0	0			68.00
69.00	06900	0	0	0			69.00
69.01	03340	0	0	0			69.01
69.02	03650	0	0	0			69.02
70.00	07000	0	0	0			70.00
71.00	07100	0	0	0			71.00
72.00	07200	0	0	0			72.00
73.00	07300	0	0	0			73.00
73.01	03640	0	0	0			73.01
74.00	07400	0	0	0			74.00
75.00	07500	0	0	0			75.00
76.97	07697	0	0	0			76.97
76.98	07698	0	0	0			76.98
76.99	07699	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	0	0			91.00
92.00	09200	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0			94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0			105.00
109.00	10900	0	0	0			109.00
113.00	11300	0	0	0			113.00
118.00		0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0			190.00
192.00	19200	0	0	0			192.00
192.01	19201	0	0	0			192.01

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0			192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0			192.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	23,749,312	10,000	9,752	0	0	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description	Intern & Res.		PARAMED ED PRGM - (EMS)	PARAMED ED PRGM - (PHARMACY)	Subtotal
	I & R SERVICES-SALARY & FRINGES APPRV	I & R SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
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
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I & R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00 02200	I & R SERVICES-OTHER PRGM COSTS APPRV		0		22.00
23.00 02300	PARAMED ED PRGM - (EMS)			0	23.00
23.01 02301	PARAMED ED PRGM - (PHARMACY)			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS				0
31.00 03100	INTENSIVE CARE UNIT				0
33.00 03300	BURN INTENSIVE CARE UNIT				0
40.00 04000	SUBPROVIDER - I PF				0
41.00 04100	SUBPROVIDER - I RF				0
43.00 04300	NURSERY				0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM				0
52.00 05200	DELIVERY ROOM & LABOR ROOM				0
53.00 05300	ANESTHESIOLOGY				0
54.00 05400	RADIOLOGY-DIAGNOSTIC				0
55.00 05500	RADIOLOGY-THERAPEUTIC				0
57.00 05700	CT SCAN				0
58.00 05800	MRI				0
60.00 06000	LABORATORY				0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0
65.00 06500	RESPIRATORY THERAPY				0
66.00 06600	PHYSICAL THERAPY				0
67.00 06700	OCCUPATIONAL THERAPY				0
68.00 06800	SPEECH PATHOLOGY				0
69.00 06900	ELECTROCARDIOLOGY				0
69.01 03340	GI UNIT				0
69.02 03650	VASCULAR LAB				0
70.00 07000	ELECTROENCEPHALOGRAPHY				0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				0
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				0
73.00 07300	DRUGS CHARGED TO PATIENTS				0
73.01 03640	RENAL TXPLANT LAB				0
74.00 07400	RENAL DIALYSIS				0
75.00 07500	ASC (NON-DISTINCT PART)				0
76.97 07697	CARDIAC REHABILITATION				0
76.98 07698	HYPERBARIC OXYGEN THERAPY				0
76.99 07699	LITHOTRIPSY				0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY				0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS				0
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION				0
109.00 10900	PANCREAS ACQUISITION				0
113.00 11300	INTEREST EXPENSE				0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
Date/Time Prepared:
2/26/2016 8:00 am

Cost Center Description			Intern & Res.		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			I & R SERVICES-SALARY & FRINGES APPRV	I & R SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES			23.00	23.01	24.00	0
192.01	19201	SIU SCHOOL OF MEDICINE						0
192.03	19202	UNIVERSITY BUILDING (MHCCI)						0
192.04	19203	MEALS ON WHEELS						0
192.05	19204	ACS HOME CARE						0
192.06	19205	VNA OF CENTRAL IL						0
192.07	19206	GAMBRO						0
192.08	19208	FOUNDATION						0
192.09	19207	SIU MAP PROGRAM						0
192.10	19209	AUDIOLOGY						0
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY						0
192.12	19212	SIU RADIOLOGY PROGRAM						0
200.00		Cross Foot Adjustments	0	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	0
203.00		Total Statistical Basis	10,000	10,000	100	100		
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 140148

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

Worksheet L-1
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03340	GI UNIT	0	69.01
69.02	03650	VASCULAR LAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments		0	200.00
201.00		Negative Cost Centers		0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	202.00
203.00		Total Statistical Basis			203.00
204.00		Unit Cost Multiplier			204.00