

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: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/28/2016 8:15 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2016	Time: 8:15 pm
	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.		
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 SSM SAINT LOUIS UNIVERSITY HOSPITAL (260105) for the cost reporting period beginning 09/01/2015 and ending 12/31/2015 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	993,767	728,507	0	0	1.00
2.00 Subprovider - IPF	0	21,624	63		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	1,015,391	728,570	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: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 8:13 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3635 VISTA AVE			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: SAINT LOUIS		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SSM SAINT LOUIS UNIVERSITY HOSPITAL	260105	41180	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		SSM SAINT LOUIS UNIVERSITY PSYCH	26S105	41180	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2015	12/31/2015		20.00		
21.00	Type of Control (see instructions)					1				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)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,304	1,200	54	2,588	438	0		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.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 8:13 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

		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				
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			10.98	202.30	0.051482
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.61	56.20	0.044380
65.01		GERIATRIC MEDICINE	1408	0.41	1.75	0.189815
65.02		INTERNAL MEDICINE	1450	0.64	5.67	0.101426
		PEDIATRICS				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260105		Period: From 09/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 8:13 pm	
		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)	7.62	207.25	0.035463		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	5.74	53.12	0.097520 67.00	
67.01		GERIATRIC MEDICINE	1408	0.08	0.81	0.089888 67.01	
67.02		INTERNAL MEDICINE	1450	0.60	3.69	0.139860 67.02	
67.03		PEDIATRIC GERIATRIC PSYCH	2202	0.09	1.86	0.046154 67.03	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00	
71.00	If line 70 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.			N		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)					0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital a "subclause (11)" 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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A 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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	892,579	0		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
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.	07/06/1977			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.	03/15/1995			128.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 8:13 pm			
		1.00	2.00				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		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)		N	269020	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: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301			
142.00	Street: 10101 WOODFIELD LANE	PO Box:					
143.00	City: ST. LOUIS	State:		Zip Code: 63132			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00		
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
					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		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y
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
168.01	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)						
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)						0.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 8:13 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		09/13/2015	12/11/2015	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. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/28/2016 8:13 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y		09/01/2015	1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			N	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)	Y	04/18/2016	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2016 8:13 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		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.				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.	BRIAN		SCHMEIDLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3524		BRIAN_SCHMEIDLER@SSMHC.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)	04/18/2016	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)		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 GOVERNMENT 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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	221	26,962	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)		221	26,962	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	1,708	0.00	0	8.00
8.01 6TH ICU	31.01	11	1,342	0.00	0	8.01
8.02 7TH ICU	31.02	15	1,830	0.00	0	8.02
8.03 8TH ICU	31.03	11	1,342	0.00	0	8.03
8.04 5TH ICU	31.04	14	1,708	0.00	0	8.04
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)		286	34,892	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	40	4,880		0	16.00
17.00 SUBPROVIDER - IRF						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)		326				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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,833	2,895	23,139			1.00
2.00 HMO and other (see instructions)	2,686	4,040				2.00
3.00 HMO IPF Subprovider	422	91				3.00
4.00 HMO IRF Subprovider	0	0				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,833	2,895	23,139			7.00
8.00 INTENSIVE CARE UNIT	424	214	1,441			8.00
8.01 6TH ICU	362	66	1,230			8.01
8.02 7TH ICU	349	98	1,187			8.02
8.03 8TH ICU	351	130	1,193			8.03
8.04 5TH ICU	439	141	1,494			8.04
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)	8,758	3,544	29,684	267.95	1,389.94	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,362	734	3,939	15.84	15.29	16.00
17.00 SUBPROVIDER - IRF						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)				283.79	1,405.23	27.00
28.00 Observation Bed Days		175	1,298			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,556	815	5,052	1.00	
2.00 HMO and other (see instructions)			528	327		2.00	
3.00 HMO IPF Subprovider				29		3.00	
4.00 HMO IRF Subprovider				0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00	
6.00 Hospital Adults & Peds. Swing Bed NF						6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00	
8.00 INTENSIVE CARE UNIT						8.00	
8.01 6TH ICU						8.01	
8.02 7TH ICU						8.02	
8.03 8TH ICU						8.03	
8.04 5TH ICU						8.04	
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	1,556	815	5,052	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	148	160	562	16.00	
17.00 SUBPROVIDER - IRF						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: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet S-3 Part II Date/Time Prepared: 5/28/2016 8:13 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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	36,310,124	0	36,310,124	1,131,323.00	32.10	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	27,837	0	27,837	701.00	39.71	7.00
7.01	Contracted interns and residents (in an approved programs)		8,513,448	0	8,513,448	204,187.00	41.69	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)		2,098,834	-87,832	2,011,002	68,562.00	29.33	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,880,880	0	1,880,880	32,034.00	58.72	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		268,449	0	268,449	2,090.00	128.44	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		4,264,631	0	4,264,631	37,093.00	114.97	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		7,149,594	0	7,149,594			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		161,143	0	161,143			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		2,478	0	2,478			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	235,096	0	235,096	8,527.00	27.57	26.00
27.00	Administrative & General	5.00	3,823,766	-64,652	3,759,114	103,841.00	36.20	27.00
28.00	Administrative & General under contract (see inst.)		47,676	0	47,676	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	97,871	0	97,871	3,704.00	26.42	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	32,119	0	32,119	2,043.00	15.72	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		971,407	0	971,407	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		492,335	0	492,335	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	471,314	0	471,314	11,333.00	41.59	38.00
39.00	Central Services and Supply	14.00	192,255	0	192,255	10,227.00	18.80	39.00
40.00	Pharmacy	15.00	1,614,358	-72,281	1,542,077	38,144.00	40.43	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2016 8:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,079,130	0	1,079,130	37,562.00	28.73	41.00
42.00	Social Service	17.00	830,227	0	830,227	24,882.00	33.37	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2016 8:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	29,280,257	0	29,280,257	926,435.00	31.61	1.00
2.00	Excluded area salaries (see instructions)	2,098,834	-87,832	2,011,002	68,562.00	29.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27,181,423	87,832	27,269,255	857,873.00	31.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,149,329	0	2,149,329	34,124.00	62.99	4.00
5.00	Subtotal wage-related costs (see inst.)	7,149,594	0	7,149,594	0.00	26.22	5.00
6.00	Total (sum of lines 3 thru 5)	36,480,346	87,832	36,568,178	891,997.00	41.00	6.00
7.00	Total overhead cost (see instructions)	9,887,554	-136,933	9,750,621	240,263.00	40.58	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2016 8:13 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		408,971	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		3,666,344	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		433,524	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		2,620,574	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		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		209,630	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,339,043	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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2016 8:13 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet S-10

Date/Time Prepared:
5/28/2016 8:13 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.191191	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			18,693,424	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?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			11,758,226	5.00
6.00	Medicaid charges			123,285,737	6.00
7.00	Medicaid cost (line 1 times line 6)			23,571,123	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	876,024	0	876,024	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	167,488	0	167,488	21.00
22.00	Partial payment by patients approved for charity care	800	0	800	22.00
23.00	Cost of charity care (line 21 minus line 22)	166,688	0	166,688	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)			25,293,318	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			0	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			25,293,318	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,835,855	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,002,543	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,002,543	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
5/28/2016 8:13 pm

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		3,951,224	3,951,224	552,693	4,503,917	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		2,654,974	2,654,974	1,214,046	3,869,020	2.00
3.00 00300 OTHER CAP REL COSTS		858,509	858,509	-858,509	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	235,096	5,008,257	5,243,353	-1,226	5,242,127	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	3,823,766	23,982,632	27,806,398	-94,295	27,712,103	5.00
6.00 00600 MAINTENANCE & REPAIRS	97,871	101,186	199,057	-440	198,617	6.00
7.00 00700 OPERATION OF PLANT		5,165,619	5,165,619	-1,013,639	4,151,980	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	32,119	332,935	365,054	-18	365,036	8.00
9.00 00900 HOUSEKEEPING		1,118,629	1,118,629	-1,840	1,116,789	9.00
10.00 01000 DIETARY		1,700,046	1,700,046	-1,263,351	436,695	10.00
11.00 01100 CAFETERIA				943,246	943,246	11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION	471,314	137,129	608,443	-6,807	601,636	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	192,255	1,079,098	1,271,353	-954,313	317,040	14.00
15.00 01500 PHARMACY	1,614,358	9,962,355	11,576,713	-9,726,634	1,850,079	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	841,510	275,140	1,116,650	-251	1,116,399	16.00
16.01 01601 QUALITY ASSURANCE	237,620	172,704	410,324	-586	409,738	16.01
17.00 01700 SOCIAL SERVICE	830,227	412,912	1,243,139	-402	1,242,737	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	27,837		27,837		27,837	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A		13,037,603	13,037,603		13,037,603	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				90,914	90,914	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,316,398	1,842,540	9,158,938	-800,004	8,358,934	30.00
31.00 03100 INTENSIVE CARE UNIT	980,185	276,261	1,256,446	-82,433	1,174,013	31.00
31.01 03101 6TH ICU	747,084	365,410	1,112,494	-122,886	989,608	31.01
31.02 03102 7TH ICU	814,619	296,116	1,110,735	-92,317	1,018,418	31.02
31.03 03103 8TH ICU	754,393	326,469	1,080,862	-102,033	978,829	31.03
31.04 03104 5TH ICU	958,721	372,657	1,331,378	-167,790	1,163,588	31.04
40.00 04000 SUBPROVIDER - I PF	1,205,038	132,547	1,337,585	203,208	1,540,793	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,464,969	8,465,232	10,930,201	-6,949,641	3,980,560	50.00
51.00 05100 RECOVERY ROOM	762,239	172,438	934,677	-70,884	863,793	51.00
53.00 05300 ANESTHESIOLOGY	739,417	2,782,887	3,522,304	-333,223	3,189,081	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,984,585	3,043,190	5,027,775	-1,664,382	3,363,393	54.00
54.03 03330 ENDOSCOPY	437,649	598,424	1,036,073	-462,074	573,999	54.03
54.05 05401 PET IMAGING	54,098	90,295	144,393	31,786	176,179	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	215,044	425,877	640,921	-2,332	638,589	55.00
56.00 05600 RADIOISOTOPE	145,891	545,893	691,784	-36,493	655,291	56.00
60.00 06000 LABORATORY	1,851,424	4,368,808	6,220,232	-686,919	5,533,313	60.00
60.02 06002 BLOOD CLOTTING FACTORS ADMIN CO						60.02
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.00 06300 BLOOD STORING PROCESSING & TRA		1,258,389	1,258,389	1,081	1,259,470	63.00
65.00 06500 RESPIRATORY THERAPY	823,386	462,561	1,285,947	-330,289	955,658	65.00
66.00 06600 PHYSICAL THERAPY	950,922	146,500	1,097,422	-18,933	1,078,489	66.00
69.00 06900 ELECTROCARDIOLOGY	863,859	2,721,556	3,585,415	-2,277,970	1,307,445	69.00
69.02 03650 CARDIOVASCULAR LAB						69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	107,145	17,667	124,812	-1,656	123,156	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT				7,659,259	7,659,259	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				6,049,272	6,049,272	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				9,944,795	9,944,795	73.00
74.00 07400 RENAL DIALYSIS		496,071	496,071	-13,148	482,923	74.00
76.00 03950 OTHER ANCILLARY SERVICES						76.00
76.01 03550 PSYCH THERAPY						76.01
76.29 03961 AIR RESCUE						76.29
76.30 03962 BONE MARROW	70,645	298,156	368,801	-30	368,771	76.30
76.31 03963 CORNEAL TRANSPLANTS		108,750	108,750		108,750	76.31
76.97 07697 CARDIAC REHABILITATION						76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY						76.98
76.99 07699 LI THOTRI PSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	191,233	526,479	717,712	-4,130	713,582	90.00
90.02 09002 TRANSPLANT CLINIC				501,071	501,071	90.02
90.03 09003 BONE MARROW CLINIC	509,091	725,567	1,234,658	-12,881	1,221,777	90.03
90.04 09004 ST LOUIS UNIVERSITY OP CENTER	207,889	57,973	265,862	-20,059	245,803	90.04
91.00 09100 EMERGENCY	1,856,431	3,366,083	5,222,514	-394,992	4,827,522	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	857,634	2,031,124	2,888,758	-213,131	2,675,627	105.00
107.00 10700 LIVER ACQUISITION		256,014	256,014	294,198	550,212	107.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
109.00	10900	PANCREAS ACQUISITION	0	29,000	29,000	2,812	31,812	109.00
113.00	11300	INTEREST EXPENSE		35,908	35,908	-35,908	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,273,962	106,593,794	142,867,756	-1,330,468	141,537,288	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	36,162	91,248	127,410	0	127,410	190.00
194.00	07950	DOCTORS MEALS	0	0	0	319,799	319,799	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	0	0	0	240,302	240,302	194.11
194.12	07962	CANCER CENTER	0	0	0	770,367	770,367	194.12
194.13	07963	MARKET SPACE	0	0	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	0	5,047	5,047	0	5,047	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	0	0	194.15
200.00		TOTAL (SUM OF LINES 118-199)	36,310,124	106,690,089	143,000,213	0	143,000,213	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	4,503,917	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-6,969	3,862,051	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,242,127	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-599,174	27,112,929	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	198,617	6.00
7.00	00700	OPERATION OF PLANT	-103,942	4,048,038	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	365,036	8.00
9.00	00900	HOUSEKEEPING	0	1,116,789	9.00
10.00	01000	DIETARY	0	436,695	10.00
11.00	01100	CAFETERIA	0	943,246	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	601,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	317,040	14.00
15.00	01500	PHARMACY	0	1,850,079	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-88,000	1,028,399	16.00
16.01	01601	QUALITY ASSURANCE	0	409,738	16.01
17.00	01700	SOCIAL SERVICE	-61,010	1,181,727	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 A	0	27,837	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	13,037,603	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	90,914	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-618	8,358,316	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,664	1,172,349	31.00
31.01	03101	6TH ICU	0	989,608	31.01
31.02	03102	7TH ICU	0	1,018,418	31.02
31.03	03103	8TH ICU	0	978,829	31.03
31.04	03104	5TH ICU	0	1,163,588	31.04
40.00	04000	SUBPROVIDER - I/PF	-89	1,540,704	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,703	3,978,857	50.00
51.00	05100	RECOVERY ROOM	0	863,793	51.00
53.00	05300	ANESTHESIOLOGY	-2,357,559	831,522	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,363,393	54.00
54.03	03330	ENDOSCOPY	0	573,999	54.03
54.05	05401	PET IMAGING	0	176,179	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-211,484	427,105	55.00
56.00	05600	RADIOISOTOPE	0	655,291	56.00
60.00	06000	LABORATORY	-12,611	5,520,702	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	-350	1,259,120	63.00
65.00	06500	RESPIRATORY THERAPY	0	955,658	65.00
66.00	06600	PHYSICAL THERAPY	0	1,078,489	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,307,445	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	123,156	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-6,070	7,653,189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,049,272	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,944,795	73.00
74.00	07400	RENAL DIALYSIS	0	482,923	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	76.00
76.01	03550	PSYCH THERAPY	0	0	76.01
76.29	03961	AIR RESCUE	0	0	76.29
76.30	03962	BONE MARROW	0	368,771	76.30
76.31	03963	CORNEAL TRANSPLANTS	0	108,750	76.31
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	713,582	90.00
90.02	09002	TRANSPLANT CLINIC	0	501,071	90.02
90.03	09003	BONE MARROW CLINIC	-182,288	1,039,489	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	245,803	90.04
91.00	09100	EMERGENCY	-2,462,927	2,364,595	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-1,367,052	1,308,575	105.00
107.00	10700	LIVER ACQUISITION	0	550,212	107.00
109.00	10900	PANCREAS ACQUISITION	0	31,812	109.00
113.00	11300	INTEREST EXPENSE	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-7,463,510	134,073,778	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	127,410	190.00
194.00	07950 DOCTORS MEALS	0	319,799	194.00
194.05	07955 PUBLIC RELATIONS	0	0	194.05
194.11	07961 UNIVERSITY SPACE	0	240,302	194.11
194.12	07962 CANCER CENTER	0	770,367	194.12
194.13	07963 MARKET SPACE	0	0	194.13
194.14	07964 RENTAL PROPERTIES	0	5,047	194.14
194.15	07965 OP CATH LAB-UNIV	0	0	194.15
200.00	TOTAL (SUM OF LINES 118-199)	-7,463,510	135,536,703	200.00

RECLASSIFICATIONS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
5/28/2016 8:13 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
C - RECLASS OF OTHER COC COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	53,868	1.00	
	O		0	53,868		
E - DIETARY RECLASS - OTHER COSTS						
1.00	CAFETERIA	11.00	0	943,246	1.00	
2.00	DOCTORS MEALS	194.00	0	319,799	2.00	
	O		0	1,263,045		
F - RECLASS OF HIGH COST IMPLANTABLES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,114,961	1.00	
	O		0	6,114,961		
H - RECLASS PARAMED ED (OTHER)						
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	72,281	18,633	1.00	
	O		72,281	18,633		
I - RECLASS FLOAT POOL (OTHER)						
1.00	INTENSIVE CARE UNIT	31.00	28,280	2,381	1.00	
2.00	6TH ICU	31.01	24,889	2,095	2.00	
3.00	7TH ICU	31.02	23,970	2,018	3.00	
4.00	8TH ICU	31.03	23,647	1,991	4.00	
5.00	5TH ICU	31.04	31,004	2,610	5.00	
6.00	SUBPROVIDER - IPF	40.00	14,950	3,053	6.00	
	O		146,740	14,148		
K - NUCLEAR MEDICINE (OTHER)						
1.00	PET IMAGING	54.05	29,280	3,528	1.00	
	O		29,280	3,528		
L - RECLASS OF LEASED HOSPITAL SPACE						
1.00	UNIVERSITY SPACE	194.11	0	240,302	1.00	
2.00	CANCER CENTER	194.12	0	770,367	2.00	
	O		0	1,010,669		
N - PARKING LOT						
1.00	OPERATION OF PLANT	7.00	0	75,250	1.00	
	O		0	75,250		
O - RECLASS OF DIRECTORSHIP FEES						
1.00	ADULTS & PEDIATRICS	30.00	1,838	0	1.00	
2.00	OPERATING ROOM	50.00	8,100	0	2.00	
3.00	LABORATORY	60.00	39,150	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	5,325	0	4.00	
5.00	BLOOD STORING PROCESSING & TRA	63.00	1,163	0	5.00	
6.00	SUBPROVIDER - IPF	40.00	263	0	6.00	
7.00	EMERGENCY	91.00	4,988	0	7.00	
8.00	ANESTHESIOLOGY	53.00	3,825	0	8.00	
	O		64,652	0		
P - HLA RECLASS						
1.00	TRANSPLANT CLINIC	90.02	0	55,420	1.00	
2.00	KIDNEY ACQUISITION	105.00	0	529,530	2.00	
	O		0	584,950		
Q - POST-TRANSPLANT - DEPT 8613 RECLASS						
1.00	TRANSPLANT CLINIC	90.02	201,691	30,984	1.00	
	O		201,691	30,984		
R - PRE-TRANSPLANT - DEPT 8613 RECLASS						
1.00	LIVER ACQUISITION	107.00	115,724	17,778	1.00	
2.00	PANCREAS ACQUISITION	109.00	635	98	2.00	
	O		116,359	17,876		
S - POST-TRANSPLANT RECLASS - DEPT 7280						
1.00	TRANSPLANT CLINIC	90.02	167,169	45,807	1.00	
	O		167,169	45,807		
T - PRE-TRANSPLANT RECLASS - DEPT 7280						
1.00	LIVER ACQUISITION	107.00	126,133	34,563	1.00	
2.00	PANCREAS ACQUISITION	109.00	1,632	447	2.00	
	O		127,765	35,010		
U - PSYCHIATRISTERS EXPENSE						
1.00	SUBPROVIDER - IPF	40.00	193,534	0	1.00	
	O		193,534	0		
W - RECLASS OF RENTAL/LEASE EQUIP						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	896,409	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
5/28/2016 8:13 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
0			0	896,409		
X - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	13,774,220		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
0			0	13,774,220		
Y - CHARGEABLE DRUGS PER G/L						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,272,785		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00

RECLASSIFICATIONS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
5/28/2016 8:13 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
			0	9,272,785		
Z - CHARGEABLE IV SOLUTIONS PER G/L						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	672,010		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
			0	672,010		
DD - RECLASS OF NON INTERCOMPANY INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	35,908		1.00
			0	35,908		
FF - RECLASS OF IMPLANTABLE DEVICES EQUIP						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	65,689		1.00
			0	65,689		
500.00	Grand Total: Increases		1,119,471	33,985,750		500.00

RECLASSIFICATIONS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
5/28/2016 8:13 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
C - RECLASS OF OTHER COC COSTS							
1.00	OTHER CAP REL COSTS	3.00	0	53,868	0		1.00
	O		0	53,868			
E - DIETARY RECLASS - OTHER COSTS							
1.00	DIETARY	10.00	0	1,263,045	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		0	1,263,045			
F - RECLASS OF HIGH COST IMPLANTABLES							
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	6,114,961	0		1.00
	O		0	6,114,961			
H - RECLASS PARAMED ED (OTHER)							
1.00	PHARMACY	15.00	72,281	18,633	0		1.00
	O		72,281	18,633			
I - RECLASS FLOAT POOL (OTHER)							
1.00	ADULTS & PEDIATRICS	30.00	146,740	14,148	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00
5.00	O	0.00	0	0	0		5.00
6.00	O	0.00	0	0	0		6.00
	O		146,740	14,148			
K - NUCLEAR MEDICINE (OTHER)							
1.00	RADIOISOTOPE	56.00	29,280	3,528	0		1.00
	O		29,280	3,528			
L - RECLASS OF LEASED HOSPITAL SPACE							
1.00	OPERATION OF PLANT	7.00	0	1,010,669	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		0	1,010,669			
N - PARKING LOT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	75,250	0		1.00
	O		0	75,250			
O - RECLASS OF DIRECTORSHIP FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	64,652	0	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00
5.00	O	0.00	0	0	0		5.00
6.00	O	0.00	0	0	0		6.00
7.00	O	0.00	0	0	0		7.00
8.00	O	0.00	0	0	0		8.00
	O		64,652	0			
P - HLA RECLASS							
1.00	LABORATORY	60.00	0	584,950	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		0	584,950			
Q - POST-TRANSPLANT - DEPT 8613 RECLASS							
1.00	KIDNEY ACQUISITION	105.00	201,691	30,984	0		1.00
	O		201,691	30,984			
R - PRE-TRANSPLANT - DEPT 8613 RECLASS							
1.00	KIDNEY ACQUISITION	105.00	116,359	17,876	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		116,359	17,876			
S - POST-TRANSPLANT RECLASS - DEPT 7280							
1.00	KIDNEY ACQUISITION	105.00	167,169	45,807	0		1.00
	O		167,169	45,807			
T - PRE-TRANSPLANT RECLASS - DEPT 7280							
1.00	KIDNEY ACQUISITION	105.00	127,765	35,010	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		127,765	35,010			
U - PSYCHITERS EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	193,534	0	0		1.00
	O		193,534	0			
W - RECLASS OF RENTAL/LEASE EQUIP							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	188	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,703	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	167	0		3.00
4.00	OPERATION OF PLANT	7.00	0	78,184	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,840	0		5.00
6.00	DIETARY	10.00	0	306	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,714	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	487,217	0		8.00
9.00	PHARMACY	15.00	0	103,121	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	248	0		10.00

RECLASSIFICATIONS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
5/28/2016 8:13 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
11.00	QUALITY ASSURANCE	16.01	0	586	0		11.00	
12.00	SOCIAL SERVICE	17.00	0	385	0		12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	1,387	0		13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	212	0		14.00	
15.00	6TH ICU	31.01	0	91	0		15.00	
16.00	7TH ICU	31.02	0	76	0		16.00	
17.00	8TH ICU	31.03	0	76	0		17.00	
18.00	5TH ICU	31.04	0	91	0		18.00	
19.00	SUBPROVIDER - IPF	40.00	0	196	0		19.00	
20.00	OPERATING ROOM	50.00	0	72,484	0		20.00	
21.00	RECOVERY ROOM	51.00	0	338	0		21.00	
22.00	ANESTHESIOLOGY	53.00	0	3,930	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,053	0		23.00	
24.00	ENDOSCOPY	54.03	0	56	0		24.00	
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	198	0		25.00	
26.00	RADIOISOTOPE	56.00	0	149	0		26.00	
27.00	LABORATORY	60.00	0	795	0		27.00	
28.00	BLOOD STORING PROCESSING & TRA	63.00	0	82	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	0	74,038	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	1,000	0		30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	47,539	0		31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	140	0		32.00	
33.00	BONE MARROW	76.30	0	30	0		33.00	
34.00	BONE MARROW CLINIC	90.03	0	385	0		34.00	
35.00	ST LOUIS UNIVERSITY OP CENTER	90.04	0	43	0		35.00	
36.00	EMERGENCY	91.00	0	5,361	0		36.00	
			0	896,409				
X - CHARGEABLE SUPPLIES								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,038	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	36,466	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	273	0		3.00	
4.00	OPERATION OF PLANT	7.00	0	36	0		4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	18	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	5,093	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	457,591	0		7.00	
8.00	PHARMACY	15.00	0	39,916	0		8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0		9.00	
10.00	SOCIAL SERVICE	17.00	0	17	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	362,312	0		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	106,199	0		12.00	
13.00	6TH ICU	31.01	0	134,402	0		13.00	
14.00	7TH ICU	31.02	0	102,018	0		14.00	
15.00	8TH ICU	31.03	0	115,035	0		15.00	
16.00	5TH ICU	31.04	0	183,498	0		16.00	
17.00	SUBPROVIDER - IPF	40.00	0	8,228	0		17.00	
18.00	OPERATING ROOM	50.00	0	6,854,553	0		18.00	
19.00	RECOVERY ROOM	51.00	0	52,736	0		19.00	
20.00	ANESTHESIOLOGY	53.00	0	265,093	0		20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,638,513	0		21.00	
22.00	ENDOSCOPY	54.03	0	446,322	0		22.00	
23.00	PET IMAGING	54.05	0	1,022	0		23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,134	0		24.00	
25.00	RADIOISOTOPE	56.00	0	3,138	0		25.00	
26.00	LABORATORY	60.00	0	111,133	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	255,742	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	17,913	0		28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	2,223,428	0		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,516	0		30.00	
31.00	RENAL DIALYSIS	74.00	0	10,306	0		31.00	
32.00	CLINIC	90.00	0	3,974	0		32.00	
33.00	BONE MARROW CLINIC	90.03	0	11,293	0		33.00	
34.00	ST LOUIS UNIVERSITY OP CENTER	90.04	0	16,007	0		34.00	
35.00	EMERGENCY	91.00	0	307,254	0		35.00	
			0	13,774,220				
Y - CHARGEABLE DRUGS PER G/L								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	340	0		1.00	
2.00	PHARMACY	15.00	0	9,265,810	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	203	0		3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	137	0		4.00	
5.00	6TH ICU	31.01	0	152	0		5.00	
6.00	7TH ICU	31.02	0	87	0		6.00	

RECLASSIFICATIONS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
5/28/2016 8:13 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	8TH ICU	31.03	0	65	0	7.00	
8.00	5TH ICU	31.04	0	218	0	8.00	
9.00	OPERATING ROOM	50.00	0	1,403	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,025	0	10.00	
11.00	ENDOSCOPY	54.03	0	56	0	11.00	
12.00	RENAL DIALYSIS	74.00	0	1	0	12.00	
13.00	CLINIC	90.00	0	36	0	13.00	
14.00	ST LOUIS UNIVERSITY OP CENTER	90.04	0	643	0	14.00	
15.00	EMERGENCY	91.00	0	609	0	15.00	
0			0	9,272,785			
Z - CHARGEABLE IV SOLUTIONS PER G/L							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,165	0	1.00	
2.00	PHARMACY	15.00	0	226,873	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	83,518	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	11,871	0	4.00	
5.00	6TH ICU	31.01	0	15,225	0	5.00	
6.00	7TH ICU	31.02	0	16,124	0	6.00	
7.00	8TH ICU	31.03	0	12,495	0	7.00	
8.00	5TH ICU	31.04	0	17,597	0	8.00	
9.00	SUBPROVIDER - IPF	40.00	0	168	0	9.00	
10.00	OPERATING ROOM	50.00	0	29,301	0	10.00	
11.00	RECOVERY ROOM	51.00	0	17,810	0	11.00	
12.00	ANESTHESIOLOGY	53.00	0	68,025	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,791	0	13.00	
14.00	ENDOSCOPY	54.03	0	15,640	0	14.00	
15.00	RADIOISOTOPE	56.00	0	398	0	15.00	
16.00	LABORATORY	60.00	0	29,191	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	509	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	20	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	7,003	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	2,841	0	20.00	
21.00	CLINIC	90.00	0	120	0	21.00	
22.00	BONE MARROW CLINIC	90.03	0	1,203	0	22.00	
23.00	ST LOUIS UNIVERSITY OP CENTER	90.04	0	3,366	0	23.00	
24.00	EMERGENCY	91.00	0	86,756	0	24.00	
0			0	672,010			
DD - RECLASS OF NON INTERCOMPANY INTEREST							
1.00	INTEREST EXPENSE	113.00	0	35,908	0	1.00	
0			0	35,908			
FF - RECLASS OF IMPLANTABLE DEVICES EQUIP							
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	65,689	9	1.00	
0			0	65,689			
500.00	Grand Total: Decreases		1,119,471	33,985,750		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,580,000	0	0	0	1.00
2.00	Land Improvements	148,910	0	0	0	2.00
3.00	Buildings and Fixtures	52,689,960	103,138	0	103,138	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	579,540	0	0	0	5.00
6.00	Movable Equipment	27,885,820	35,550	0	35,550	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	90,884,230	138,688	0	138,688	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	90,884,230	138,688	0	138,688	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,580,000	0			1.00
2.00	Land Improvements	148,910	0			2.00
3.00	Buildings and Fixtures	52,793,098	83,629			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	579,540	0			5.00
6.00	Movable Equipment	27,921,370	10,960			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	91,022,918	94,589			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	91,022,918	94,589			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2016 8:13 pm

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	3,951,224	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,654,974	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,606,198	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	3,951,224				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,654,974				2.00
3.00	Total (sum of lines 1-2)	0	6,606,198				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	62,522,008	0	62,522,008	0.686882	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	28,500,910	0	28,500,910	0.313118	0	2.00
3.00	Total (sum of lines 1-2)	91,022,918	0	91,022,918	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	552,693	0	552,693	3,951,224	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	251,948	0	251,948	3,610,103	0	2.00
3.00	Total (sum of lines 1-2)	804,641	0	804,641	7,561,327	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	552,693	0	4,503,917	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	251,948	0	3,862,051	2.00
3.00	Total (sum of lines 1-2)	0	0	804,641	0	8,365,968	3.00

Provider CCN: 260105

Period:
 From 09/01/2015
 To 12/31/2015

Worksheet A-8

Date/Time Prepared:
 5/28/2016 8:13 pm

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)	A	-6,332		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-14,526		OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)	B	-89,416		OPERATION OF PLANT	7.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,268,964					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0				0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-3,347		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		0	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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00		0	33.00

Provider CCN: 260105

Period:
 From 09/01/2015
 To 12/31/2015

Worksheet A-8

Date/Time Prepared:
 5/28/2016 8:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 LITIGATIONS & INVESTIGATIONS	A	-354,689	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.03 TELEPHONE SERVICES	A	-453	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.03
33.04 CHARITABLE CONTRIBUTIONS EXPENSES	A	-5,636,542	ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.09 ADMIN COSTS - NON-PATIENT CARE	A	-2,000	ADMINISTRATIVE & GENERAL		5.00	0 33.09
33.16 NON-ALLOWABLE PATIENT ASSISTANCE	A	-38,384	SOCIAL SERVICE		17.00	0 33.16
33.21 LOBBYING EXPENSE ASSOCIATION FEES	A	-21,493	ADMINISTRATIVE & GENERAL		5.00	0 33.21
33.32 NON-ALLOWABLE PHYSICIAN ASSISTANCE	A	-1,315,016	ADMINISTRATIVE & GENERAL		5.00	0 33.32
33.35 PATIENT TRANSPORTATION	A	-15,277	ADMINISTRATIVE & GENERAL		5.00	0 33.35
33.36 PROFESSIONAL BILLING EXPENSE	A	-84,653	MEDICAL RECORDS & LIBRARY		16.00	0 33.36
33.38 PROFESSIONAL BILLING EXPENSE	A	-174,975	ANESTHESIOLOGY		53.00	0 33.38
34.05 ALLOWABLE FRA TAX	A	7,618,416	ADMINISTRATIVE & GENERAL		5.00	9 34.05
34.06 FRA RELATED EXPENSES	A	-121,495	ADMINISTRATIVE & GENERAL		5.00	0 34.06
34.07 FUSZ PAVILLION EXPENSES	A	-5,019	ADMINISTRATIVE & GENERAL		5.00	0 34.07
34.11 CHAI FETZ ARENA EXPENSES	A	-99,409	ADMINISTRATIVE & GENERAL		5.00	0 34.11
34.12 NON-ALLOWABLE PATIENT TV DEPRECIATION	A	-6,516	CAP REL COSTS-MVBLE EQUIP		2.00	9 34.12
34.13 ELIMINATE PR EXPANES AS NON-ALLOWABL	A	-374,939	ADMINISTRATIVE & GENERAL		5.00	0 34.13
34.17 OTHER EDUCATIONAL REV	B	-7,183	EMERGENCY		91.00	0 34.17
34.19 CASH DISCOUNTS ON PURCHASES	B	-150,636	ADMINISTRATIVE & GENERAL		5.00	0 34.19
34.20 COST RECOVERY ITEMS	B	-102,304	ADMINISTRATIVE & GENERAL		5.00	0 34.20
34.21 COST RECOVERY ITEMS	B	-6,070	MEDICAL SUPPLIES CHARGED TO PAT		71.00	0 34.21
34.22 NURSE PRACTITIONERS	A	-182,288	BONE MARROW CLINIC		90.03	0 34.22
34.23		0			0.00	0 34.23
34.25		0			0.00	0 34.25
34.26		0			0.00	0 34.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,463,510				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
5/28/2016 8:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	55.00	RADIOLOGY-THERAPEUTIC	211,484	211,484	0	0	0	1.00
2.00	91.00	EMERGENCY	2,033,873	2,033,873	0	0	0	2.00
3.00	91.00	EMERGENCY	420,238	420,238	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	2,181,752	2,181,752	0	0	0	4.00
5.00	105.00	KIDNEY ACQUISITION	1,367,052	1,367,052	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	38,775	0	38,775	211,500	259	6.00
7.00	30.00	ADULTS & PEDIATRICS	1,838	0	1,838	211,500	12	7.00
8.00	50.00	OPERATING ROOM	8,100	0	8,100	246,400	54	8.00
9.00	60.00	LABORATORY	39,150	0	39,150	211,500	261	9.00
10.00	31.00	INTENSIVE CARE UNIT	5,325	0	5,325	211,500	36	10.00
11.00	63.00	BLOOD STORING PROCESSING & TRA	1,163	0	1,163	211,500	8	11.00
12.00	40.00	SUBPROVIDER - IPF	263	0	263	181,300	2	12.00
13.00	91.00	EMERGENCY	4,988	0	4,988	211,500	33	13.00
14.00	53.00	ANESTHESIOLOGY	3,825	0	3,825	239,400	26	14.00
15.00	17.00	SOCIAL SERVICE	165,287	0	165,287	211,500	1,403	15.00
200.00			6,483,113	6,214,399	268,714		2,094	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	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	91.00	EMERGENCY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	105.00	KIDNEY ACQUISITION	0	0	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	26,336	1,317	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	1,220	61	0	0	0	7.00
8.00	50.00	OPERATING ROOM	6,397	320	0	0	0	8.00
9.00	60.00	LABORATORY	26,539	1,327	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	3,661	183	0	0	0	10.00
11.00	63.00	BLOOD STORING PROCESSING & TRA	813	41	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	174	9	0	0	0	12.00
13.00	91.00	EMERGENCY	3,355	168	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	2,993	150	0	0	0	14.00
15.00	17.00	SOCIAL SERVICE	142,661	7,133	0	0	0	15.00
200.00			214,149	10,709	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	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	211,484		1.00
2.00	91.00	EMERGENCY	0	0	0	2,033,873		2.00
3.00	91.00	EMERGENCY	0	0	0	420,238		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	2,181,752		4.00
5.00	105.00	KIDNEY ACQUISITION	0	0	0	1,367,052		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	26,336	12,439	12,439		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	1,220	618	618		7.00
8.00	50.00	OPERATING ROOM	0	6,397	1,703	1,703		8.00
9.00	60.00	LABORATORY	0	26,539	12,611	12,611		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	3,661	1,664	1,664		10.00
11.00	63.00	BLOOD STORING PROCESSING & TRA	0	813	350	350		11.00
12.00	40.00	SUBPROVIDER - IPF	0	174	89	89		12.00
13.00	91.00	EMERGENCY	0	3,355	1,633	1,633		13.00
14.00	53.00	ANESTHESIOLOGY	0	2,993	832	832		14.00
15.00	17.00	SOCIAL SERVICE	0	142,661	22,626	22,626		15.00
200.00			0	214,149	54,565	6,268,964		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
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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	4,503,917	4,503,917			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,862,051		3,862,051		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,242,127	40,088	32,701	5,314,916	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	27,112,929	443,498	520,192	544,367	28,620,986
6.00 00600	MAINTENANCE & REPAIRS	198,617	12,164	9,922	13,933	234,636
7.00 00700	OPERATION OF PLANT	4,048,038	656,201	533,517	0	5,237,756
8.00 00800	LAUNDRY & LINEN SERVICE	365,036	12,384	10,102	4,573	392,095
9.00 00900	HOUSEKEEPING	1,116,789	51,659	42,140	0	1,210,588
10.00 01000	DIETARY	436,695	78,398	63,951	0	579,044
11.00 01100	CAFETERIA	943,246	23,630	19,275	0	986,151
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	601,636	7,108	5,798	67,098	681,640
14.00 01400	CENTRAL SERVICES & SUPPLY	317,040	40,559	33,085	27,370	418,054
15.00 01500	PHARMACY	1,850,079	35,735	29,150	229,826	2,144,790
16.00 01600	MEDICAL RECORDS & LIBRARY	1,028,399	37,775	30,814	119,801	1,216,789
16.01 01601	QUALITY ASSURANCE	409,738	0	0	33,829	443,567
17.00 01700	SOCIAL SERVICE	1,181,727	6,311	5,148	118,194	1,311,380
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 A	27,837	0	0	3,963	31,800
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	13,037,603	0	0	0	13,037,603
23.00 02300	PARAMED PRGM-(SPECIFY)	90,914	0	0	0	90,914
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,358,316	538,941	439,629	1,041,575	10,378,461
31.00 03100	INTENSIVE CARE UNIT	1,172,349	37,810	30,843	139,543	1,380,545
31.01 03101	6TH ICU	989,608	35,329	28,818	106,358	1,160,113
31.02 03102	7TH ICU	1,018,418	36,578	29,838	115,972	1,200,806
31.03 03103	8TH ICU	978,829	38,031	31,023	107,398	1,155,281
31.04 03104	5TH ICU	1,163,588	44,743	36,498	136,487	1,381,316
40.00 04000	SUBPROVIDER - I PF	1,540,704	107,276	87,508	171,554	1,907,042
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,978,857	278,624	227,281	350,923	4,835,685
51.00 05100	RECOVERY ROOM	863,793	55,129	44,970	108,515	1,072,407
53.00 05300	ANESTHESIOLOGY	831,522	38,310	31,250	105,266	1,006,348
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,363,393	168,326	137,308	282,533	3,951,560
54.03 03330	ENDOSCOPY	573,999	36,764	29,989	62,305	703,057
54.05 05401	PET IMAGING	176,179	0	0	7,702	183,881
55.00 05500	RADIOLOGY-THERAPEUTIC	427,105	39,495	32,217	30,615	529,432
56.00 05600	RADIOISOTOPE	655,291	29,912	24,400	20,770	730,373
60.00 06000	LABORATORY	5,520,702	125,919	102,716	263,576	6,012,913
60.02 06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING PROCESSING & TRA	1,259,120	17,574	14,336	179,149	1,470,179
65.00 06500	RESPIRATORY THERAPY	955,658	20,062	16,365	117,221	1,109,306
66.00 06600	PHYSICAL THERAPY	1,078,489	53,588	43,714	135,377	1,311,168
69.00 06900	ELECTROCARDIOLOGY	1,307,445	87,627	71,480	122,982	1,589,534
69.02 03650	CARDIOVASCULAR LAB	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	123,156	0	0	15,254	138,410
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	7,653,189	0	0	0	7,653,189
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,049,272	0	0	0	6,049,272
73.00 07300	DRUGS CHARGED TO PATIENTS	9,944,795	0	0	0	9,944,795
74.00 07400	RENAL DIALYSIS	482,923	21,241	17,327	0	521,491
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.01 03550	PSYCH THERAPY	0	0	0	0	0
76.29 03961	AIR RESCUE	0	0	0	0	0
76.30 03962	BONE MARROW	368,771	14,668	11,965	10,057	405,461
76.31 03963	CORNEAL TRANSPLANTS	108,750	0	0	0	108,750
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	713,582	43,575	35,545	27,225	819,927
90.02 09002	TRANSPLANT CLINIC	501,071	14,174	25,746	0	540,991
90.03 09003	BONE MARROW CLINIC	1,039,489	51,711	42,182	72,476	1,205,858
90.04 09004	ST LOUIS UNIVERSITY OP CENTER	245,803	85,721	69,925	29,596	431,045
91.00 09100	EMERGENCY	2,364,595	111,065	90,599	264,289	2,830,548
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B
Part I
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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			
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,308,575	11,885	16,104	122,096	1,458,660	105.00
107.00	10700	LIVER ACQUISITION	550,212	8,130	6,770	0	565,112	107.00
109.00	10900	PANCREAS ACQUISITION	31,812	46	10,738	0	42,596	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	134,073,778	3,597,764	3,122,879	5,309,768	132,423,305	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	127,410	11,484	9,368	5,148	153,410	190.00
194.00	07950	DOCTORS MEALS	319,799	0	0	0	319,799	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	240,302	681,948	556,282	0	1,478,532	194.11
194.12	07962	CANCER CENTER	770,367	212,721	173,522	0	1,156,610	194.12
194.13	07963	MARKET SPACE	0	0	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	5,047	0	0	0	5,047	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	135,536,703	4,503,917	3,862,051	5,314,916	135,536,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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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	
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	28,620,986					5.00
6.00	00600	MAINTENANCE & REPAIRS	62,811	297,447				6.00
7.00	00700	OPERATION OF PLANT	1,402,132	48,697	6,688,585			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	104,963	919	24,712	522,689		8.00
9.00	00900	HOUSEKEEPING	324,071	3,834	103,082	0	1,641,575	9.00
10.00	01000	DIETARY	155,008	5,818	156,437	0	39,142	10.00
11.00	01100	CAFETERIA	263,990	1,754	47,151	0	11,798	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	182,473	527	14,183	0	3,549	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	111,912	3,010	80,932	0	20,250	14.00
15.00	01500	PHARMACY	574,154	2,652	71,307	0	17,842	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	325,731	2,803	75,377	0	18,860	16.00
16.01	01601	QUALITY ASSURANCE	118,742	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	351,052	468	12,594	0	3,151	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 A	8,513	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	3,490,095	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	24,337	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,778,283	39,995	1,075,415	359,709	269,080	30.00
31.00	03100	INTENSIVE CARE UNIT	369,568	2,806	75,447	22,401	18,878	31.00
31.01	03101	6TH ICU	310,559	2,622	70,495	19,121	17,639	31.01
31.02	03102	7TH ICU	321,452	2,714	72,989	18,453	18,262	31.02
31.03	03103	8TH ICU	309,265	2,822	75,888	18,546	18,988	31.03
31.04	03104	5TH ICU	369,774	3,320	89,282	23,225	22,339	31.04
40.00	04000	SUBPROVIDER - I/PF	510,509	7,961	214,060	61,234	53,560	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,294,498	20,677	555,972	0	139,110	50.00
51.00	05100	RECOVERY ROOM	287,080	4,091	110,005	0	27,524	51.00
53.00	05300	ANESTHESIOLOGY	269,396	2,843	76,444	0	19,127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,057,821	12,492	335,882	0	84,041	54.00
54.03	03330	ENDOSCOPY	188,206	2,728	73,360	0	18,355	54.03
54.05	05401	PET IMAGING	49,224	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	141,727	2,931	78,810	0	19,719	55.00
56.00	05600	RADIOISOTOPE	195,519	2,220	59,687	0	14,934	56.00
60.00	06000	LABORATORY	1,609,639	9,345	251,262	0	62,868	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	393,563	1,304	35,068	0	8,774	63.00
65.00	06500	RESPIRATORY THERAPY	296,958	1,489	40,031	0	10,016	65.00
66.00	06600	PHYSICAL THERAPY	350,996	3,977	106,932	0	26,755	66.00
69.00	06900	ELECTROCARDIOLOGY	425,513	6,503	174,852	0	43,750	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	37,052	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,048,736	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,619,372	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,662,192	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	139,602	1,576	42,385	0	10,605	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.01	03550	PSYCH THERAPY	0	0	0	0	0	76.01
76.29	03961	AIR RESCUE	0	0	0	0	0	76.29
76.30	03962	BONE MARROW	108,541	1,089	29,270	0	7,324	76.30
76.31	03963	CORNEAL TRANSPLANTS	29,112	0	0	0	0	76.31
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	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	219,492	3,234	86,951	0	21,756	90.00
90.02	09002	TRANSPLANT CLINIC	144,822	1,052	28,284	0	7,077	90.02
90.03	09003	BONE MARROW CLINIC	322,805	3,838	103,186	0	25,818	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	115,389	6,361	171,049	0	42,798	90.04
91.00	09100	EMERGENCY	757,729	8,242	221,621	0	55,452	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	390,479	882	23,715	0	5,934	105.00
107.00	10700	LIVER ACQUISITION	151,279	603	16,224	0	4,059	107.00
109.00	10900	PANCREAS ACQUISITION	11,403	3	93	0	23	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,787,539	230,202	4,880,434	522,689	1,189,157	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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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		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	41,067	852	22,915	0	5,733	190.00
194.00	07950	DOCTORS MEALS	85,609	0	0	0	0	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	395,799	50,607	1,360,768	0	340,479	194.11
194.12	07962	CANCER CENTER	309,621	15,786	424,468	0	106,206	194.12
194.13	07963	MARKET SPACE	0	0	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	1,351	0	0	0	0	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	0	0	194.15
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)	28,620,986	297,447	6,688,585	522,689	1,641,575	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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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	
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	935,449					10.00
11.00	01100		1,310,844				11.00
12.00	01200			0			12.00
13.00	01300		18,509		900,881		13.00
14.00	01400		7,550			641,708	14.00
15.00	01500		63,397				15.00
16.00	01600		33,047				16.00
16.01	01601		9,332				16.01
17.00	01700		32,604				17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100		1,093				21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	643,766	287,312	0	338,936	6,697	30.00
31.00	03100	40,091	38,493	0	56,725	768	31.00
31.01	03101	34,221	29,339	0	51,046	719	31.01
31.02	03102	33,024	31,991	0	53,092	810	31.02
31.03	03103	33,191	29,626	0	40,748	858	31.03
31.04	03104	41,566	37,650	0	50,649	737	31.04
40.00	04000	109,590	47,323	0	74,079	323	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	96,802	0	29,104	1,980	50.00
51.00	05100	0	29,934	0	45,749	272	51.00
53.00	05300	0	29,038	0	0	454	53.00
54.00	05400	0	77,937	0	10,336	622	54.00
54.03	03330	0	17,187	0	24,285	668	54.03
54.05	05401	0	2,124	0	0	9	54.05
55.00	05500	0	8,445	0	5,417	0	55.00
56.00	05600	0	5,729	0	0	100	56.00
60.00	06000	0	72,707	0	0	1,362	60.00
60.02	06002	0	0	0	0	0	60.02
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	49,418	0	0	0	63.00
65.00	06500	0	32,335	0	0	131	65.00
66.00	06600	0	37,344	0	0	10	66.00
69.00	06900	0	33,925	0	12,781	680	69.00
69.02	03650	0	0	0	0	0	69.02
70.00	07000	0	4,208	0	0	144	70.00
71.00	07100	0	0	0	0	346,238	71.00
72.00	07200	0	0	0	0	276,427	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	180	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03550	0	0	0	0	0	76.01
76.29	03961	0	0	0	0	0	76.29
76.30	03962	0	2,774	0	0	0	76.30
76.31	03963	0	0	0	0	0	76.31
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							
90.00	09000	0	7,510	0	8,770	37	90.00
90.02	09002	0	0	0	0	14	90.02
90.03	09003	0	19,993	0	10,233	82	90.03
90.04	09004	0	8,164	0	0	76	90.04
91.00	09100	0	72,904	0	71,085	1,293	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	33,680	0	17,846	6	105.00
107.00	10700	0	0	0	0	11	107.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B
Part I
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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	
118.00	SUBTOTALS (SUM OF LINES 1-117)	935,449	1,309,424	0	900,881	641,708	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	1,420	0	0	0	190.00
194.00	07950 DOCTORS MEALS	0	0	0	0	0	194.00
194.05	07955 PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961 UNIVERSITY SPACE	0	0	0	0	0	194.11
194.12	07962 CANCER CENTER	0	0	0	0	0	194.12
194.13	07963 MARKET SPACE	0	0	0	0	0	194.13
194.14	07964 RENTAL PROPERTIES	0	0	0	0	0	194.14
194.15	07965 OP CATH LAB-UNIV	0	0	0	0	0	194.15
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)	935,449	1,310,844	0	900,881	641,708	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	QUALITY ASSURANCE	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	16.01	17.00	19.00	
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	2,874,142	1,672,607				16.00
16.01	01601	0	0	571,641			16.01
17.00	01700	0	0	0	1,711,249		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6	96,276	57,164	1,177,664	0	30.00
31.00	03100	0	14,516	17,149	73,340	0	31.00
31.01	03101	0	12,775	17,149	62,601	0	31.01
31.02	03102	0	12,304	17,149	60,413	0	31.02
31.03	03103	0	12,138	17,149	60,718	0	31.03
31.04	03104	6	15,914	17,149	76,037	0	31.04
40.00	04000	0	20,660	85,747	200,476	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	111,539	85,746	0	0	50.00
51.00	05100	0	15,304	22,866	0	0	51.00
53.00	05300	0	21,374	22,866	0	0	53.00
54.00	05400	0	233,140	17,149	0	0	54.00
54.03	03330	0	16,255	0	0	0	54.03
54.05	05401	0	20,513	0	0	0	54.05
55.00	05500	0	17,740	11,433	0	0	55.00
56.00	05600	2	2,106	0	0	0	56.00
60.00	06000	434	223,269	28,582	0	0	60.00
60.02	06002	0	0	0	0	0	60.02
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	21,386	0	0	0	63.00
65.00	06500	0	26,520	0	0	0	65.00
66.00	06600	6	21,011	0	0	0	66.00
69.00	06900	0	61,646	22,866	0	0	69.00
69.02	03650	0	0	0	0	0	69.02
70.00	07000	0	2,570	17,149	0	0	70.00
71.00	07100	0	120,503	0	0	0	71.00
72.00	07200	0	79,172	0	0	0	72.00
73.00	07300	2,873,688	334,411	0	0	0	73.00
74.00	07400	0	5,266	0	0	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03550	0	0	0	0	0	76.01
76.29	03961	0	0	0	0	0	76.29
76.30	03962	0	2,237	11,433	0	0	76.30
76.31	03963	0	1,363	0	0	0	76.31
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							
90.00	09000	0	2,680	17,149	0	0	90.00
90.02	09002	0	1,900	0	0	0	90.02
90.03	09003	0	2,118	0	0	0	90.03
90.04	09004	0	29,108	0	0	0	90.04
91.00	09100	0	103,298	85,746	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	8,709	0	0	0	105.00
107.00	10700	0	2,682	0	0	0	107.00
109.00	10900	0	204	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	QUALITY ASSURANCE	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	16.01	17.00	19.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,874,142	1,672,607	571,641	1,711,249	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950 DOCTORS MEALS	0	0	0	0	0	194.00
194.05	07955 PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961 UNIVERSITY SPACE	0	0	0	0	0	194.11
194.12	07962 CANCER CENTER	0	0	0	0	0	194.12
194.13	07963 MARKET SPACE	0	0	0	0	0	194.13
194.14	07964 RENTAL PROPERTIES	0	0	0	0	0	194.14
194.15	07965 OP CATH LAB-UNIV	0	0	0	0	0	194.15
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)	2,874,142	1,672,607	571,641	1,711,249	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES A	PRGM COSTS A				
20.00	21.00	22.00	23.00	24.00			
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
16.01 01601	QUALITY ASSURANCE						16.01
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL	0					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A		41,406				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A			16,527,698			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				115,251		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	14,017	5,595,876	50,097	23,168,754	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,301	519,135	2,002	2,633,165	31.00
31.01 03101	6TH ICU	0	1,301	519,135	2,002	2,310,837	31.01
31.02 03102	7TH ICU	0	1,301	519,135	2,002	2,365,897	31.02
31.03 03103	8TH ICU	0	1,301	519,135	2,002	2,297,656	31.03
31.04 03104	5TH ICU	0	1,301	519,135	2,002	2,651,402	31.04
40.00 04000	SUBPROVIDER - IPF	0	2,683	1,070,913	20,038	4,386,198	40.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	5,777	2,305,763	2,505	9,485,158	50.00
51.00 05100	RECOVERY ROOM	0	0	0	2,505	1,617,737	51.00
53.00 05300	ANESTHESIOLOGY	0	3,885	1,550,877	0	3,002,652	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,334	931,639	12,367	6,727,320	54.00
54.03 03330	ENDOSCOPY	0	0	0	0	1,044,101	54.03
54.05 05401	PET IMAGING	0	0	0	0	255,751	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	141	56,097	0	871,892	55.00
56.00 05600	RADIOISOTOPE	0	0	0	209	1,010,879	56.00
60.00 06000	LABORATORY	0	1,262	503,902	0	8,777,545	60.00
60.02 06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0	60.02
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	1,979,692	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	1,305	1,518,091	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	8,558	1,866,757	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	6,679	2,378,729	69.00
69.02 03650	CARDIOVASCULAR LAB	0	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,739	1,093,158	0	1,295,430	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	10,168,666	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,024,243	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,815,086	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	721,105	74.00
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.01 03550	PSYCH THERAPY	0	0	0	0	0	76.01
76.29 03961	AIR RESCUE	0	0	0	0	0	76.29
76.30 03962	BONE MARROW	0	0	0	0	568,129	76.30
76.31 03963	CORNEAL TRANSPLANTS	0	0	0	0	139,225	76.31
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	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	85	34,093	0	1,221,684	90.00
90.02 09002	TRANSPLANT CLINIC	0	0	0	0	724,140	90.02
90.03 09003	BONE MARROW CLINIC	0	0	0	0	1,693,931	90.03
90.04 09004	ST LOUIS UNIVERSITY OP CENTER	0	0	0	0	803,990	90.04
91.00 09100	EMERGENCY	0	1,978	789,705	978	5,000,579	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	1,939,911	105.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	739,970	107.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	54,322	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal		
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
		20.00	21.00	22.00				23.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	41,406	16,527,698	115,251	129,260,624	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	225,397	190.00
194.00	07950	DOCTORS MEALS	0	0	0	0	405,408	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	0	0	0	0	3,626,185	194.11
194.12	07962	CANCER CENTER	0	0	0	0	2,012,691	194.12
194.13	07963	MARKET SPACE	0	0	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	0	0	0	0	6,398	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	0	0	194.15
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)	0	41,406	16,527,698	115,251	135,536,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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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
16.01	01601	QUALITY ASSURANCE		16.01
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 A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-5,609,893	30.00
31.00	03100	INTENSIVE CARE UNIT	-520,436	31.00
31.01	03101	6TH ICU	-520,436	31.01
31.02	03102	7TH ICU	-520,436	31.02
31.03	03103	8TH ICU	-520,436	31.03
31.04	03104	5TH ICU	-520,436	31.04
40.00	04000	SUBPROVIDER - I PF	-1,073,596	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-2,311,540	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	-1,554,762	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-933,973	54.00
54.03	03330	ENDOSCOPY	0	54.03
54.05	05401	PET IMAGING	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-56,238	55.00
56.00	05600	RADIOISOTOPE	0	56.00
60.00	06000	LABORATORY	-505,164	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.02	03650	CARDIOVASCULAR LAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,095,897	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	76.00
76.01	03550	PSYCH THERAPY	0	76.01
76.29	03961	AIR RESCUE	0	76.29
76.30	03962	BONE MARROW	0	76.30
76.31	03963	CORNEAL TRANSPLANTS	0	76.31
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				
90.00	09000	CLINIC	-34,178	90.00
90.02	09002	TRANSPLANT CLINIC	0	90.02
90.03	09003	BONE MARROW CLINIC	0	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	90.04
91.00	09100	EMERGENCY	-791,683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
107.00	10700	LIVER ACQUISITION	0	107.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B
Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
109.00	10900	PANCREAS ACQUISITION	0	54,322	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,569,104	112,691,520	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	225,397	190.00
194.00	07950	DOCTORS MEALS	0	405,408	194.00
194.05	07955	PUBLIC RELATIONS	0	0	194.05
194.11	07961	UNIVERSITY SPACE	0	3,626,185	194.11
194.12	07962	CANCER CENTER	0	2,012,691	194.12
194.13	07963	MARKET SPACE	0	0	194.13
194.14	07964	RENTAL PROPERTIES	0	6,398	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	194.15
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)	-16,569,104	118,967,599	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/28/2016 8:13 pm

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	0	40,088	32,701	72,789	4. 00
5. 00 00500	ADMINISTRATIVE & GENERAL	87,088	443,498	520,192	1,050,778	5. 00
6. 00 00600	MAINTENANCE & REPAIRS	0	12,164	9,922	22,086	6. 00
7. 00 00700	OPERATION OF PLANT	3,394	656,201	533,517	1,193,112	7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	12,384	10,102	22,486	8. 00
9. 00 00900	HOUSEKEEPING	0	51,659	42,140	93,799	9. 00
10. 00 01000	DIETARY	0	78,398	63,951	142,349	10. 00
11. 00 01100	CAFETERIA	0	23,630	19,275	42,905	11. 00
12. 00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12. 00
13. 00 01300	NURSING ADMINISTRATION	0	7,108	5,798	12,906	13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	40,559	33,085	73,644	14. 00
15. 00 01500	PHARMACY	0	35,735	29,150	64,885	15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	37,775	30,814	68,589	16. 00
16. 01 01601	QUALITY ASSURANCE	0	0	0	0	16. 01
17. 00 01700	SOCIAL SERVICE	0	6,311	5,148	11,459	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 A	0	0	0	0	21. 00
22. 00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22. 00
23. 00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	538,941	439,629	978,570	30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	37,810	30,843	68,653	31. 00
31. 01 03101	6TH ICU	0	35,329	28,818	64,147	31. 01
31. 02 03102	7TH ICU	0	36,578	29,838	66,416	31. 02
31. 03 03103	8TH ICU	0	38,031	31,023	69,054	31. 03
31. 04 03104	5TH ICU	0	44,743	36,498	81,241	31. 04
40. 00 04000	SUBPROVIDER - IPF	0	107,276	87,508	194,784	40. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	278,624	227,281	505,905	50. 00
51. 00 05100	RECOVERY ROOM	0	55,129	44,970	100,099	51. 00
53. 00 05300	ANESTHESIOLOGY	0	38,310	31,250	69,560	53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	168,326	137,308	305,634	54. 00
54. 03 03330	ENDOSCOPY	0	36,764	29,989	66,753	54. 03
54. 05 05401	PET IMAGING	0	0	0	0	54. 05
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	39,495	32,217	71,712	55. 00
56. 00 05600	RADIOISOTOPE	0	29,912	24,400	54,312	56. 00
60. 00 06000	LABORATORY	0	125,919	102,716	228,635	60. 00
60. 02 06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	60. 02
62. 30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62. 30
63. 00 06300	BLOOD STORING PROCESSING & TRA	0	17,574	14,336	31,910	63. 00
65. 00 06500	RESPIRATORY THERAPY	0	20,062	16,365	36,427	65. 00
66. 00 06600	PHYSICAL THERAPY	0	53,588	43,714	97,302	66. 00
69. 00 06900	ELECTROCARDIOLOGY	0	87,627	71,480	159,107	69. 00
69. 02 03650	CARDIOVASCULAR LAB	0	0	0	0	69. 02
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00
74. 00 07400	RENAL DIALYSIS	0	21,241	17,327	38,568	74. 00
76. 00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	76. 00
76. 01 03550	PSYCH THERAPY	0	0	0	0	76. 01
76. 29 03961	AIR RESCUE	0	0	0	0	76. 29
76. 30 03962	BONE MARROW	0	14,668	11,965	26,633	76. 30
76. 31 03963	CORNEAL TRANSPLANTS	0	0	0	0	76. 31
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	LITHOTRIPSY	0	0	0	0	76. 99
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000	CLINIC	0	43,575	35,545	79,120	90. 00
90. 02 09002	TRANSPLANT CLINIC	20,890	14,174	25,746	60,810	90. 02
90. 03 09003	BONE MARROW CLINIC	0	51,711	42,182	93,893	90. 03
90. 04 09004	ST LOUIS UNIVERSITY OP CENTER	0	85,721	69,925	155,646	90. 04
91. 00 09100	EMERGENCY	0	111,065	90,599	201,664	91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92. 00
SPECIAL PURPOSE COST CENTERS						
105. 00 10500	KIDNEY ACQUISITION	9,433	11,885	16,104	37,422	105. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
107.00 10700 LIVER ACQUISITION	202	8,130	6,770	15,102		0 107.00
109.00 10900 PANCREAS ACQUISITION	15,758	46	10,738	26,542		0 109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	136,765	3,597,764	3,122,879	6,857,408	72,718	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	11,484	9,368	20,852	71	190.00
194.00 07950 DOCTORS MEALS	0	0	0	0		0 194.00
194.05 07955 PUBLIC RELATIONS	0	0	0	0		0 194.05
194.11 07961 UNIVERSITY SPACE	0	681,948	556,282	1,238,230		0 194.11
194.12 07962 CANCER CENTER	0	212,721	173,522	386,243		0 194.12
194.13 07963 MARKET SPACE	0	0	0	0		0 194.13
194.14 07964 RENTAL PROPERTIES	0	0	0	0		0 194.14
194.15 07965 OP CATH LAB-UNIV	0	0	0	0		0 194.15
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)	136,765	4,503,917	3,862,051	8,502,733	72,789	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/28/2016 8:13 pm				
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	1,058,234			5.00		
6.00	00600	MAINTENANCE & REPAIRS	2,322	24,599		6.00		
7.00	00700	OPERATION OF PLANT	51,843	4,027	1,248,982	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	3,881	76	4,615	31,121	8.00	
9.00	00900	HOUSEKEEPING	11,982	317	19,249	0	125,347	9.00
10.00	01000	DIETARY	5,731	481	29,212	0	2,989	10.00
11.00	01100	CAFETERIA	9,761	145	8,805	0	901	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,747	44	2,648	0	271	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,138	249	15,113	0	1,546	14.00
15.00	01500	PHARMACY	21,229	219	13,315	0	1,362	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,044	232	14,075	0	1,440	16.00
16.01	01601	QUALITY ASSURANCE	4,390	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	12,980	39	2,352	0	241	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 A	315	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	129,027	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	900	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,726	3,308	200,816	21,417	20,546	30.00
31.00	03100	INTENSIVE CARE UNIT	13,665	232	14,088	1,334	1,441	31.00
31.01	03101	6TH ICU	11,483	217	13,164	1,138	1,347	31.01
31.02	03102	7TH ICU	11,886	224	13,629	1,099	1,394	31.02
31.03	03103	8TH ICU	11,435	233	14,171	1,104	1,450	31.03
31.04	03104	5TH ICU	13,672	275	16,672	1,383	1,706	31.04
40.00	04000	SUBPROVIDER - I PF	18,876	658	39,972	3,646	4,090	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,864	1,710	103,819	0	10,622	50.00
51.00	05100	RECOVERY ROOM	10,615	338	20,542	0	2,102	51.00
53.00	05300	ANESTHESIOLOGY	9,961	235	14,275	0	1,461	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,113	1,033	62,720	0	6,417	54.00
54.03	03330	ENDOSCOPY	6,959	226	13,699	0	1,402	54.03
54.05	05401	PET IMAGING	1,820	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	5,240	242	14,716	0	1,506	55.00
56.00	05600	RADIOISOTOPE	7,229	184	11,146	0	1,140	56.00
60.00	06000	LABORATORY	59,516	773	46,919	0	4,800	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	14,552	108	6,548	0	670	63.00
65.00	06500	RESPIRATORY THERAPY	10,980	123	7,475	0	765	65.00
66.00	06600	PHYSICAL THERAPY	12,978	329	19,968	0	2,043	66.00
69.00	06900	ELECTROCARDIOLOGY	15,733	538	32,651	0	3,341	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,370	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	75,751	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,876	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,434	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,162	130	7,915	0	810	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.01	03550	PSYCH THERAPY	0	0	0	0	0	76.01
76.29	03961	AIR RESCUE	0	0	0	0	0	76.29
76.30	03962	BONE MARROW	4,013	90	5,466	0	559	76.30
76.31	03963	CORNEAL TRANSPLANTS	1,076	0	0	0	0	76.31
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	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,116	267	16,237	0	1,661	90.00
90.02	09002	TRANSPLANT CLINIC	5,355	87	5,282	0	540	90.02
90.03	09003	BONE MARROW CLINIC	11,936	317	19,268	0	1,971	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	4,266	526	31,941	0	3,268	90.04
91.00	09100	EMERGENCY	28,017	682	41,384	0	4,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	14,438	73	4,428	0	453	105.00
107.00	10700	LIVER ACQUISITION	5,593	50	3,029	0	310	107.00
109.00	10900	PANCREAS ACQUISITION	422	0	17	0	2	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,027,418	19,037	911,341	31,121	90,801	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
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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		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,518	70	4,279	0	438	190.00
194.00	07950	DOCTORS MEALS	3,165	0	0	0	0	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	14,635	4,186	254,100	0	25,998	194.11
194.12	07962	CANCER CENTER	11,448	1,306	79,262	0	8,110	194.12
194.13	07963	MARKET SPACE	0	0	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	50	0	0	0	0	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	0	0	194.15
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)	1,058,234	24,599	1,248,982	31,121	125,347	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260105		Period: From 09/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/28/2016 8:13 pm	
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	180,762					10.00
11.00	01100	CAFETERIA	0	62,517				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	883	0	24,418		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	360	0	0	95,425	14.00
15.00	01500	PHARMACY	0	3,024	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,576	0	0	0	16.00
16.01	01601	QUALITY ASSURANCE	0	445	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	1,555	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 A	0	52	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	124,398	13,700	0	9,184	996	30.00
31.00	03100	INTENSIVE CARE UNIT	7,747	1,836	0	1,538	114	31.00
31.01	03101	6TH ICU	6,613	1,399	0	1,384	107	31.01
31.02	03102	7TH ICU	6,381	1,526	0	1,439	120	31.02
31.03	03103	8TH ICU	6,414	1,413	0	1,105	128	31.03
31.04	03104	5TH ICU	8,032	1,796	0	1,373	110	31.04
40.00	04000	SUBPROVIDER - I PF	21,177	2,257	0	2,008	48	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,617	0	789	294	50.00
51.00	05100	RECOVERY ROOM	0	1,428	0	1,240	40	51.00
53.00	05300	ANESTHESIOLOGY	0	1,385	0	0	68	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,717	0	280	93	54.00
54.03	03330	ENDOSCOPY	0	820	0	658	99	54.03
54.05	05401	PET IMAGING	0	101	0	0	1	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	403	0	147	0	55.00
56.00	05600	RADIOISOTOPE	0	273	0	0	15	56.00
60.00	06000	LABORATORY	0	3,468	0	0	203	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	2,357	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,542	0	0	19	65.00
66.00	06600	PHYSICAL THERAPY	0	1,781	0	0	2	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,618	0	347	101	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	201	0	0	21	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	51,489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	41,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	27	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.01	03550	PSYCH THERAPY	0	0	0	0	0	76.01
76.29	03961	AIR RESCUE	0	0	0	0	0	76.29
76.30	03962	BONE MARROW	0	132	0	0	0	76.30
76.31	03963	CORNEAL TRANSPLANTS	0	0	0	0	0	76.31
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								
90.00	09000	CLINIC	0	358	0	238	5	90.00
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	2	90.02
90.03	09003	BONE MARROW CLINIC	0	954	0	277	12	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	389	0	0	11	90.04
91.00	09100	EMERGENCY	0	3,477	0	1,927	192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,606	0	484	1	105.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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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	
118.00	SUBTOTALS (SUM OF LINES 1-117)	180,762	62,449	0	24,418	95,425	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	68	0	0	0	190.00
194.00	07950 DOCTORS MEALS	0	0	0	0	0	194.00
194.05	07955 PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961 UNIVERSITY SPACE	0	0	0	0	0	194.11
194.12	07962 CANCER CENTER	0	0	0	0	0	194.12
194.13	07963 MARKET SPACE	0	0	0	0	0	194.13
194.14	07964 RENTAL PROPERTIES	0	0	0	0	0	194.14
194.15	07965 OP CATH LAB-UNIV	0	0	0	0	0	194.15
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	180,762	62,517	0	24,418	95,425	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260105		Period: From 09/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/28/2016 8:13 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	QUALITY ASSURANCE	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	16.01	17.00	19.00	
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	107,182					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	99,597				16.00
16.01	01601	QUALITY ASSURANCE	0	0	5,298			16.01
17.00	01700	SOCIAL SERVICE	0	0	0	30,245		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	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 A	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,717	530	20,815		30.00
31.00	03100	INTENSIVE CARE UNIT	0	862	159	1,296		31.00
31.01	03101	6TH ICU	0	759	159	1,106		31.01
31.02	03102	7TH ICU	0	731	159	1,068		31.02
31.03	03103	8TH ICU	0	721	159	1,073		31.03
31.04	03104	5TH ICU	0	945	159	1,344		31.04
40.00	04000	SUBPROVIDER - I PF	0	1,227	793	3,543		40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,623	795	0		50.00
51.00	05100	RECOVERY ROOM	0	909	212	0		51.00
53.00	05300	ANESTHESIOLOGY	0	1,269	212	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,844	159	0		54.00
54.03	03330	ENDOSCOPY	0	965	0	0		54.03
54.05	05401	PET IMAGING	0	1,218	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,053	106	0		55.00
56.00	05600	RADIOISOTOPE	0	125	0	0		56.00
60.00	06000	LABORATORY	16	13,258	265	0		60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0		60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	1,270	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	1,575	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,248	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,661	212	0		69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	153	159	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	7,156	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,701	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,166	20,132	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	313	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0		76.00
76.01	03550	PSYCH THERAPY	0	0	0	0		76.01
76.29	03961	AIR RESCUE	0	0	0	0		76.29
76.30	03962	BONE MARROW	0	133	106	0		76.30
76.31	03963	CORNEAL TRANSPLANTS	0	81	0	0		76.31
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	LITHOTRI PSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	159	159	0		90.00
90.02	09002	TRANSPLANT CLINIC	0	113	0	0		90.02
90.03	09003	BONE MARROW CLINIC	0	126	0	0		90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	1,728	0	0		90.04
91.00	09100	EMERGENCY	0	6,134	795	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	517	0	0		105.00
107.00	10700	LIVER ACQUISITION	0	159	0	0		107.00
109.00	10900	PANCREAS ACQUISITION	0	12	0	0		109.00
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	QUALITY ASSURANCE	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	16.01	17.00	19.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	107,182	99,597	5,298	30,245	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0		190.00
194.00	07950 DOCTORS MEALS	0	0	0	0		194.00
194.05	07955 PUBLIC RELATIONS	0	0	0	0		194.05
194.11	07961 UNIVERSITY SPACE	0	0	0	0		194.11
194.12	07962 CANCER CENTER	0	0	0	0		194.12
194.13	07963 MARKET SPACE	0	0	0	0		194.13
194.14	07964 RENTAL PROPERTIES	0	0	0	0		194.14
194.15	07965 OP CATH LAB-UNIV	0	0	0	0		194.15
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	107,182	99,597	5,298	30,245	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260105

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES A	PRGM COSTS A				
20.00	21.00	22.00	23.00	24.00			
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
16.01 01601	QUALITY ASSURANCE						16.01
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL	0					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A		421				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A			129,027			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				900		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS					1,516,979	30.00
31.00 03100	INTENSIVE CARE UNIT					114,876	31.00
31.01 03101	6TH ICU					104,480	31.01
31.02 03102	7TH ICU					107,661	31.02
31.03 03103	8TH ICU					109,931	31.03
31.04 03104	5TH ICU					130,578	31.04
40.00 04000	SUBPROVIDER - IPF					295,429	40.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM					687,845	50.00
51.00 05100	RECOVERY ROOM					139,011	51.00
53.00 05300	ANESTHESIOLOGY					99,868	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					436,880	54.00
54.03 03330	ENDOSCOPY					92,434	54.03
54.05 05401	PET IMAGING					3,245	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC					95,544	55.00
56.00 05600	RADIOISOTOPE					74,708	56.00
60.00 06000	LABORATORY					361,463	60.00
60.02 06002	BLOOD CLOTTING FACTORS ADMIN CO					0	60.02
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRA					59,869	63.00
65.00 06500	RESPIRATORY THERAPY					60,512	65.00
66.00 06600	PHYSICAL THERAPY					137,505	66.00
69.00 06900	ELECTROCARDIOLOGY					218,994	69.00
69.02 03650	CARDIOVASCULAR LAB					0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY					2,113	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT					134,396	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					105,682	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					225,732	73.00
74.00 07400	RENAL DIALYSIS					52,925	74.00
76.00 03950	OTHER ANCILLARY SERVICES					0	76.00
76.01 03550	PSYCH THERAPY					0	76.01
76.29 03961	AIR RESCUE					0	76.29
76.30 03962	BONE MARROW					37,270	76.30
76.31 03963	CORNEAL TRANSPLANTS					1,157	76.31
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							
90.00 09000	CLINIC					106,693	90.00
90.02 09002	TRANSPLANT CLINIC					72,189	90.02
90.03 09003	BONE MARROW CLINIC					129,747	90.03
90.04 09004	ST LOUIS UNIVERSITY OP CENTER					198,180	90.04
91.00 09100	EMERGENCY					292,126	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION					61,094	105.00
107.00 10700	LIVER ACQUISITION					24,245	107.00
109.00 10900	PANCREAS ACQUISITION					26,995	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260105

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From 09/01/2015
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		20.00	21.00			
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	6,318,356	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN					27,296	190.00
194.00 07950 DOCTORS MEALS					3,165	194.00
194.05 07955 PUBLIC RELATIONS					0	194.05
194.11 07961 UNIVERSITY SPACE					1,537,149	194.11
194.12 07962 CANCER CENTER					486,369	194.12
194.13 07963 MARKET SPACE					0	194.13
194.14 07964 RENTAL PROPERTIES					50	194.14
194.15 07965 OP CATH LAB-UNIV					0	194.15
200.00 Cross Foot Adjustments	0	421	129,027	900	130,348	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	421	129,027	900	8,502,733	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/28/2016 8:13 pm
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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
16.01	01601	QUALITY ASSURANCE		16.01
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 A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	03101	6TH ICU	0	31.01
31.02	03102	7TH ICU	0	31.02
31.03	03103	8TH ICU	0	31.03
31.04	03104	5TH ICU	0	31.04
40.00	04000	SUBPROVIDER - I PF	0	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.03	03330	ENDOSCOPY	0	54.03
54.05	05401	PET IMAGING	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
60.00	06000	LABORATORY	0	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.02	03650	CARDIOVASCULAR LAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	76.00
76.01	03550	PSYCH THERAPY	0	76.01
76.29	03961	AIR RESCUE	0	76.29
76.30	03962	BONE MARROW	0	76.30
76.31	03963	CORNEAL TRANSPLANTS	0	76.31
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				
90.00	09000	CLINIC	0	90.00
90.02	09002	TRANSPLANT CLINIC	0	90.02
90.03	09003	BONE MARROW CLINIC	0	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
107.00	10700	LIVER ACQUISITION	0	107.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
109.00	10900	PANCREAS ACQUISITION	0	26,995	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,318,356	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	27,296	190.00
194.00	07950	DOCTORS MEALS	0	3,165	194.00
194.05	07955	PUBLIC RELATIONS	0	0	194.05
194.11	07961	UNIVERSITY SPACE	0	1,537,149	194.11
194.12	07962	CANCER CENTER	0	486,369	194.12
194.13	07963	MARKET SPACE	0	0	194.13
194.14	07964	RENTAL PROPERTIES	0	50	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	194.15
200.00		Cross Foot Adjustments	0	130,348	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	8,502,733	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/28/2016 8: 13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	774,992				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		814,667			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,898	6,898	37,333,417		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	76,313	109,730	3,823,766	-28,620,986	106,915,717
6.00 00600	MAINTENANCE & REPAIRS	2,093	2,093	97,871	0	234,636
7.00 00700	OPERATION OF PLANT	112,913	112,541	0	0	5,237,756
8.00 00800	LAUNDRY & LINEN SERVICE	2,131	2,131	32,119	0	392,095
9.00 00900	HOUSEKEEPING	8,889	8,889	0	0	1,210,588
10.00 01000	DIETARY	13,490	13,490	0	0	579,044
11.00 01100	CAFETERIA	4,066	4,066	0	0	986,151
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,223	1,223	471,314	0	681,640
14.00 01400	CENTRAL SERVICES & SUPPLY	6,979	6,979	192,255	0	418,054
15.00 01500	PHARMACY	6,149	6,149	1,614,358	0	2,144,790
16.00 01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	841,510	0	1,216,789
16.01 01601	QUALITY ASSURANCE	0	0	237,620	0	443,567
17.00 01700	SOCIAL SERVICE	1,086	1,086	830,227	0	1,311,380
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 A	0	0	27,837	0	31,800
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	13,037,603
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	90,914
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	92,736	92,736	7,316,398	0	10,378,461
31.00 03100	INTENSIVE CARE UNIT	6,506	6,506	980,185	0	1,380,545
31.01 03101	6TH ICU	6,079	6,079	747,084	0	1,160,113
31.02 03102	7TH ICU	6,294	6,294	814,619	0	1,200,806
31.03 03103	8TH ICU	6,544	6,544	754,393	0	1,155,281
31.04 03104	5TH ICU	7,699	7,699	958,721	0	1,381,316
40.00 04000	SUBPROVIDER - I PF	18,459	18,459	1,205,038	0	1,907,042
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	47,943	47,943	2,464,969	0	4,835,685
51.00 05100	RECOVERY ROOM	9,486	9,486	762,239	0	1,072,407
53.00 05300	ANESTHESIOLOGY	6,592	6,592	739,417	0	1,006,348
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,964	28,964	1,984,585	0	3,951,560
54.03 03330	ENDOSCOPY	6,326	6,326	437,649	0	703,057
54.05 05401	PET IMAGING	0	0	54,098	0	183,881
55.00 05500	RADIOLOGY-THERAPEUTIC	6,796	6,796	215,044	0	529,432
56.00 05600	RADIOISOTOPE	5,147	5,147	145,891	0	730,373
60.00 06000	LABORATORY	21,667	21,667	1,851,424	0	6,012,913
60.02 06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING PROCESSING & TRA	3,024	3,024	1,258,389	0	1,470,179
65.00 06500	RESPIRATORY THERAPY	3,452	3,452	823,386	0	1,109,306
66.00 06600	PHYSICAL THERAPY	9,221	9,221	950,922	0	1,311,168
69.00 06900	ELECTROCARDIOLOGY	15,078	15,078	863,859	0	1,589,534
69.02 03650	CARDIOVASCULAR LAB	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	107,145	0	138,410
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	7,653,189
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,049,272
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,944,795
74.00 07400	RENAL DIALYSIS	3,655	3,655	0	0	521,491
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.01 03550	PSYCH THERAPY	0	0	0	0	0
76.29 03961	AIR RESCUE	0	0	0	0	0
76.30 03962	BONE MARROW	2,524	2,524	70,645	0	405,461
76.31 03963	CORNEAL TRANSPLANTS	0	0	0	0	108,750
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	7,498	7,498	191,233	0	819,927
90.02 09002	TRANSPLANT CLINIC	2,439	5,431	0	0	540,991
90.03 09003	BONE MARROW CLINIC	8,898	8,898	509,091	0	1,205,858
90.04 09004	ST LOUIS UNIVERSITY OP CENTER	14,750	14,750	207,889	0	431,045
91.00 09100	EMERGENCY	19,111	19,111	1,856,431	0	2,830,548
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00					
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,045	3,397	857,634	0	1,458,660	105.00
107.00	10700	LIVER ACQUISITION	1,399	1,428	0	0	565,112	107.00
109.00	10900	PANCREAS ACQUISITION	8	2,265	0	0	42,596	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	619,070	658,745	37,297,255	-28,620,986	103,802,319	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,976	1,976	36,162	0	153,410	190.00
194.00	07950	DOCTORS MEALS	0	0	0	0	319,799	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	117,343	117,343	0	0	1,478,532	194.11
194.12	07962	CANCER CENTER	36,603	36,603	0	0	1,156,610	194.12
194.13	07963	MARKET SPACE	0	0	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	0	0	0	0	5,047	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	0	0	194.15
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)	4,503,917	3,862,051	5,314,916		28,620,986	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.811566	4.740650	0.142364		0.267697	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			72,789		1,058,234	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001950		0.009898	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
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	689,688					6.00
7.00	00700	112,913	576,775				7.00
8.00	00800	2,131	2,131	33,623			8.00
9.00	00900	8,889	8,889	0	565,755		9.00
10.00	01000	13,490	13,490	0	13,490	33,623	10.00
11.00	01100	4,066	4,066	0	4,066	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,223	1,223	0	1,223	0	13.00
14.00	01400	6,979	6,979	0	6,979	0	14.00
15.00	01500	6,149	6,149	0	6,149	0	15.00
16.00	01600	6,500	6,500	0	6,500	0	16.00
16.01	01601	0	0	0	0	0	16.01
17.00	01700	1,086	1,086	0	1,086	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	92,736	92,736	23,139	92,736	23,139	30.00
31.00	03100	6,506	6,506	1,441	6,506	1,441	31.00
31.01	03101	6,079	6,079	1,230	6,079	1,230	31.01
31.02	03102	6,294	6,294	1,187	6,294	1,187	31.02
31.03	03103	6,544	6,544	1,193	6,544	1,193	31.03
31.04	03104	7,699	7,699	1,494	7,699	1,494	31.04
40.00	04000	18,459	18,459	3,939	18,459	3,939	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	47,943	47,943	0	47,943	0	50.00
51.00	05100	9,486	9,486	0	9,486	0	51.00
53.00	05300	6,592	6,592	0	6,592	0	53.00
54.00	05400	28,964	28,964	0	28,964	0	54.00
54.03	03330	6,326	6,326	0	6,326	0	54.03
54.05	05401	0	0	0	0	0	54.05
55.00	05500	6,796	6,796	0	6,796	0	55.00
56.00	05600	5,147	5,147	0	5,147	0	56.00
60.00	06000	21,667	21,667	0	21,667	0	60.00
60.02	06002	0	0	0	0	0	60.02
62.30	06250	0	0	0	0	0	62.30
63.00	06300	3,024	3,024	0	3,024	0	63.00
65.00	06500	3,452	3,452	0	3,452	0	65.00
66.00	06600	9,221	9,221	0	9,221	0	66.00
69.00	06900	15,078	15,078	0	15,078	0	69.00
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
74.00	07400	3,655	3,655	0	3,655	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03550	0	0	0	0	0	76.01
76.29	03961	0	0	0	0	0	76.29
76.30	03962	2,524	2,524	0	2,524	0	76.30
76.31	03963	0	0	0	0	0	76.31
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							
90.00	09000	7,498	7,498	0	7,498	0	90.00
90.02	09002	2,439	2,439	0	2,439	0	90.02
90.03	09003	8,898	8,898	0	8,898	0	90.03
90.04	09004	14,750	14,750	0	14,750	0	90.04
91.00	09100	19,111	19,111	0	19,111	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	2,045	2,045	0	2,045	0	105.00
107.00	10700	1,399	1,399	0	1,399	0	107.00
109.00	10900	8	8	0	8	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)		
		6.00	7.00	8.00	9.00	10.00		
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)					533,766 420,853 33,623 409,833 33,623	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN					1,976 1,976 0 1,976 0	190.00
194.00	07950	DOCTORS MEALS					0 0 0 0 0	194.00
194.05	07955	PUBLIC RELATIONS					0 0 0 0 0	194.05
194.11	07961	UNIVERSITY SPACE					117,343 117,343 0 117,343 0	194.11
194.12	07962	CANCER CENTER					36,603 36,603 0 36,603 0	194.12
194.13	07963	MARKET SPACE					0 0 0 0 0	194.13
194.14	07964	RENTAL PROPERTIES					0 0 0 0 0	194.14
194.15	07965	OP CATH LAB-UNIV					0 0 0 0 0	194.15
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)					297,447 6,688,585 522,689 1,641,575 935,449	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)					0.431278 11.596524 15.545579 2.901565 27.821699	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					24,599 1,248,982 31,121 125,347 180,762	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.035667 2.165458 0.925587 0.221557 5.376141	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING SA LARIES))	CENTRAL SERVICES & SUPPLY (COSTED REQ UI S))	PHARMACY (COSTED REQ UI S))	
		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	33,379,661					11.00
12.00	01200		0				12.00
13.00	01300	471,314	0	11,011,302			13.00
14.00	01400	192,255	0	0	14,195,457		14.00
15.00	01500	1,614,358	0	0	0	9,274,251	15.00
16.00	01600	841,510	0	0	0	0	16.00
16.01	01601	237,620	0	0	0	0	16.01
17.00	01700	830,227	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	27,837	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,316,398	0	4,142,719	148,137	20	30.00
31.00	03100	980,185	0	693,343	16,998	0	31.00
31.01	03101	747,084	0	623,933	15,912	0	31.01
31.02	03102	814,619	0	648,939	17,913	0	31.02
31.03	03103	754,393	0	498,057	18,981	0	31.03
31.04	03104	958,721	0	619,075	16,310	20	31.04
40.00	04000	1,205,038	0	905,456	7,151	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,464,969	0	355,737	43,795	0	50.00
51.00	05100	762,239	0	559,188	6,008	0	51.00
53.00	05300	739,417	0	0	10,045	0	53.00
54.00	05400	1,984,585	0	126,337	13,761	1	54.00
54.03	03330	437,649	0	296,826	14,785	0	54.03
54.05	05401	54,098	0	0	189	0	54.05
55.00	05500	215,044	0	66,210	0	0	55.00
56.00	05600	145,891	0	0	2,212	6	56.00
60.00	06000	1,851,424	0	0	30,125	1,401	60.00
60.02	06002	0	0	0	0	0	60.02
62.30	06250	0	0	0	0	0	62.30
63.00	06300	1,258,389	0	0	0	0	63.00
65.00	06500	823,386	0	0	2,890	0	65.00
66.00	06600	950,922	0	0	228	18	66.00
69.00	06900	863,859	0	156,226	15,037	0	69.00
69.02	03650	0	0	0	0	0	69.02
70.00	07000	107,145	0	0	3,180	0	70.00
71.00	07100	0	0	0	7,659,259	0	71.00
72.00	07200	0	0	0	6,114,961	0	72.00
73.00	07300	0	0	0	0	9,272,785	73.00
74.00	07400	0	0	0	3,976	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03550	0	0	0	0	0	76.01
76.29	03961	0	0	0	0	0	76.29
76.30	03962	70,645	0	0	0	0	76.30
76.31	03963	0	0	0	0	0	76.31
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							
90.00	09000	191,233	0	107,192	816	0	90.00
90.02	09002	0	0	0	314	0	90.02
90.03	09003	509,091	0	125,074	1,820	0	90.03
90.04	09004	207,889	0	0	1,675	0	90.04
91.00	09100	1,856,431	0	868,857	28,597	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	857,634	0	218,133	142	0	105.00
107.00	10700	0	0	0	237	0	107.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))		
		11.00	12.00	13.00	14.00	15.00		
109.00	10900	PANCREAS ACQUISITION	0	0	0	3	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,343,499	0	11,011,302	14,195,457	9,274,251	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	36,162	0	0	0	0	190.00
194.00	07950	DOCTORS MEALS	0	0	0	0	0	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	0	0	0	0	0	194.11
194.12	07962	CANCER CENTER	0	0	0	0	0	194.12
194.13	07963	MARKET SPACE	0	0	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	0	0	0	0	0	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	0	0	194.15
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)	1,310,844	0	900,881	641,708	2,874,142	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.039271	0.000000	0.081814	0.045205	0.309906	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	62,517	0	24,418	95,425	107,182	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001873	0.000000	0.002218	0.006722	0.011557	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	QUALITY ASSURANCE (ASSIGNED TIME)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	16.01	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						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	587,689,695					16.00
16.01	01601	QUALITY ASSURANCE	0	100				16.01
17.00	01700	SOCIAL SERVICE	0	0	33,623			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 A	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,828,685	10	23,139	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,100,552	3	1,441	0	0	31.00
31.01	03101	6TH ICU	4,488,931	3	1,230	0	0	31.01
31.02	03102	7TH ICU	4,323,293	3	1,187	0	0	31.02
31.03	03103	8TH ICU	4,264,839	3	1,193	0	0	31.03
31.04	03104	5TH ICU	5,591,743	3	1,494	0	0	31.04
40.00	04000	SUBPROVIDER - I/PF	7,259,296	15	3,939	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,191,557	15	0	0	0	50.00
51.00	05100	RECOVERY ROOM	5,377,255	4	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	7,510,170	4	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,918,423	3	0	0	0	54.00
54.03	03330	ENDOSCOPY	5,711,446	0	0	0	0	54.03
54.05	05401	PET IMAGING	7,207,827	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	6,233,207	2	0	0	0	55.00
56.00	05600	RADIO SOTOPE	740,066	0	0	0	0	56.00
60.00	06000	LABORATORY	78,450,043	5	0	0	0	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	7,514,488	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,318,384	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,382,715	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	21,660,683	4	0	0	0	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	903,196	3	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	42,341,202	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,818,777	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,486,664	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,850,169	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.01	03550	PSYCH THERAPY	0	0	0	0	0	76.01
76.29	03961	AIR RESCUE	0	0	0	0	0	76.29
76.30	03962	BONE MARROW	785,912	2	0	0	0	76.30
76.31	03963	CORNEAL TRANSPLANTS	478,743	0	0	0	0	76.31
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	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	941,697	3	0	0	0	90.00
90.02	09002	TRANSPLANT CLINIC	667,736	0	0	0	0	90.02
90.03	09003	BONE MARROW CLINIC	744,372	0	0	0	0	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	10,227,770	0	0	0	0	90.04
91.00	09100	EMERGENCY	36,295,718	15	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,060,196	0	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	942,418	0	0	0	0	107.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	QUALITY ASSURANCE (ASSIGNED TIME)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	16.01	17.00	19.00	20.00	
109.00	10900	PANCREAS ACQUISITION	71,522	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	587,689,695	100	33,623	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950	DOCTORS MEALS	0	0	0	0	0	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	0	0	0	0	0	194.11
194.12	07962	CANCER CENTER	0	0	0	0	0	194.12
194.13	07963	MARKET SPACE	0	0	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	0	0	0	0	0	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	0	0	194.15
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)	1,672,607	571,641	1,711,249	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002846	5,716.410000	50.895191	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	99,597	5,298	30,245	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000169	52.980000	0.899533	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
	21.00	22.00	23.00		
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
16.01 01601 QUALITY ASSURANCE					16.01
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 A	68,354				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A		68,354			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			17,669		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	23,143	23,143	7,680		30.00
31.00 03100 INTENSIVE CARE UNIT	2,147	2,147	307		31.00
31.01 03101 6TH ICU	2,147	2,147	307		31.01
31.02 03102 7TH ICU	2,147	2,147	307		31.02
31.03 03103 8TH ICU	2,147	2,147	307		31.03
31.04 03104 5TH ICU	2,147	2,147	307		31.04
40.00 04000 SUBPROVIDER - IPF	4,429	4,429	3,072		40.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	9,536	9,536	384		50.00
51.00 05100 RECOVERY ROOM	0	0	384		51.00
53.00 05300 ANESTHESIOLOGY	6,414	6,414	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,853	3,853	1,896		54.00
54.03 03330 ENDOSCOPY	0	0	0		54.03
54.05 05401 PET IMAGING	0	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	232	232	0		55.00
56.00 05600 RADIOISOTOPE	0	0	32		56.00
60.00 06000 LABORATORY	2,084	2,084	0		60.00
60.02 06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0	0		60.02
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	200		65.00
66.00 06600 PHYSICAL THERAPY	0	0	1,312		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	1,024		69.00
69.02 03650 CARDIOVASCULAR LAB	0	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	4,521	4,521	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0		76.00
76.01 03550 PSYCH THERAPY	0	0	0		76.01
76.29 03961 AIR RESCUE	0	0	0		76.29
76.30 03962 BONE MARROW	0	0	0		76.30
76.31 03963 CORNEAL TRANSPLANTS	0	0	0		76.31
76.97 07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99 07699 LIOTHOTRIpsy	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	141	141	0		90.00
90.02 09002 TRANSPLANT CLINIC	0	0	0		90.02
90.03 09003 BONE MARROW CLINIC	0	0	0		90.03
90.04 09004 ST LOUIS UNIVERSITY OP CENTER	0	0	0		90.04
91.00 09100 EMERGENCY	3,266	3,266	150		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)					92.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0		105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description		INTERNS & RESIDENTS			PARAMETERED PRGM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
		21.00	22.00	23.00		
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
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)	68,354	68,354	17,669	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	190.00
194.00	07950	DOCTORS MEALS	0	0	0	194.00
194.05	07955	PUBLIC RELATIONS	0	0	0	194.05
194.11	07961	UNIVERSITY SPACE	0	0	0	194.11
194.12	07962	CANCER CENTER	0	0	0	194.12
194.13	07963	MARKET SPACE	0	0	0	194.13
194.14	07964	RENTAL PROPERTIES	0	0	0	194.14
194.15	07965	OP CATH LAB-UNIV	0	0	0	194.15
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)	41,406	16,527,698	115,251	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.605758	241.795623	6.522780	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	421	129,027	900	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006159	1.887629	0.050937	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XVIII		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	17,558,861		17,558,861	618	17,559,479	30.00
31.00	03100 INTENSIVE CARE UNIT	2,112,729		2,112,729	1,664	2,114,393	31.00
31.01	03101 6TH ICU	1,790,401		1,790,401	0	1,790,401	31.01
31.02	03102 7TH ICU	1,845,461		1,845,461	0	1,845,461	31.02
31.03	03103 8TH ICU	1,777,220		1,777,220	0	1,777,220	31.03
31.04	03104 5TH ICU	2,130,966		2,130,966	0	2,130,966	31.04
40.00	04000 SUBPROVIDER - IPF	3,312,602		3,312,602	89	3,312,691	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,173,618		7,173,618	1,703	7,175,321	50.00
51.00	05100 RECOVERY ROOM	1,617,737		1,617,737	0	1,617,737	51.00
53.00	05300 ANESTHESIOLOGY	1,447,890		1,447,890	832	1,448,722	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,793,347		5,793,347	0	5,793,347	54.00
54.03	03330 ENDOSCOPY	1,044,101		1,044,101	0	1,044,101	54.03
54.05	05401 PET IMAGING	255,751		255,751	0	255,751	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	815,654		815,654	0	815,654	55.00
56.00	05600 RADIOISOTOPE	1,010,879		1,010,879	0	1,010,879	56.00
60.00	06000 LABORATORY	8,272,381		8,272,381	12,611	8,284,992	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0		0	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	1,979,692		1,979,692	350	1,980,042	63.00
65.00	06500 RESPIRATORY THERAPY	1,518,091	0	1,518,091	0	1,518,091	65.00
66.00	06600 PHYSICAL THERAPY	1,866,757	0	1,866,757	0	1,866,757	66.00
69.00	06900 ELECTROCARDIOLOGY	2,378,729		2,378,729	0	2,378,729	69.00
69.02	03650 CARDIOVASCULAR LAB	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	199,533		199,533	0	199,533	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	10,168,666		10,168,666	0	10,168,666	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,024,243		8,024,243	0	8,024,243	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,815,086		15,815,086	0	15,815,086	73.00
74.00	07400 RENAL DIALYSIS	721,105		721,105	0	721,105	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.01	03550 PSYCH THERAPY	0		0	0	0	76.01
76.29	03961 AIR RESCUE	0		0	0	0	76.29
76.30	03962 BONE MARROW	568,129		568,129	0	568,129	76.30
76.31	03963 CORNEAL TRANSPLANTS	139,225		139,225	0	139,225	76.31
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							
90.00	09000 CLINIC	1,187,506		1,187,506	0	1,187,506	90.00
90.02	09002 TRANSPLANT CLINIC	724,140		724,140	0	724,140	90.02
90.03	09003 BONE MARROW CLINIC	1,693,931		1,693,931	0	1,693,931	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	803,990		803,990	0	803,990	90.04
91.00	09100 EMERGENCY	4,208,896		4,208,896	1,633	4,210,529	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	932,691		932,691	0	932,691	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	1,939,911		1,939,911	0	1,939,911	105.00
107.00	10700 LIVER ACQUISITION	739,970		739,970	0	739,970	107.00
109.00	10900 PANCREAS ACQUISITION	54,322		54,322	0	54,322	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	113,624,211	0	113,624,211	19,500	113,643,711	200.00
201.00	Less Observation Beds	932,691		932,691	0	932,691	201.00
202.00	Total (see instructions)	112,691,520	0	112,691,520	19,500	112,711,020	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XVII			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	33,828,685		33,828,685		30.00
31.00	03100	INTENSIVE CARE UNIT	5,100,552		5,100,552		31.00
31.01	03101	6TH ICU	4,488,931		4,488,931		31.01
31.02	03102	7TH ICU	4,323,293		4,323,293		31.02
31.03	03103	8TH ICU	4,264,839		4,264,839		31.03
31.04	03104	5TH ICU	5,591,743		5,591,743		31.04
40.00	04000	SUBPROVIDER - I PF	7,259,296		7,259,296		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,785,232	15,406,325	39,191,557	0.183040	50.00
51.00	05100	RECOVERY ROOM	2,432,075	2,945,180	5,377,255	0.300848	51.00
53.00	05300	ANESTHESIOLOGY	4,720,209	2,789,961	7,510,170	0.192791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,923,465	38,994,958	81,918,423	0.070721	54.00
54.03	03330	ENDOSCOPY	1,776,133	3,935,312	5,711,445	0.182809	54.03
54.05	05401	PET IMAGING	1,032,303	6,175,524	7,207,827	0.035482	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	278,006	5,955,200	6,233,206	0.130856	55.00
56.00	05600	RADIOISOTOPE	509,633	230,433	740,066	1.365931	56.00
60.00	06000	LABORATORY	51,144,557	27,305,487	78,450,044	0.105448	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0.000000	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	6,734,808	779,681	7,514,489	0.263450	63.00
65.00	06500	RESPIRATORY THERAPY	8,956,318	362,066	9,318,384	0.162914	65.00
66.00	06600	PHYSICAL THERAPY	6,191,837	1,190,879	7,382,716	0.252855	66.00
69.00	06900	ELECTROCARDIOLOGY	12,856,953	8,803,729	21,660,682	0.109818	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	455,085	448,111	903,196	0.220919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	31,033,071	11,308,131	42,341,202	0.240160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,121,224	8,697,553	27,818,777	0.288447	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,666,870	22,819,795	117,486,665	0.134612	73.00
74.00	07400	RENAL DIALYSIS	1,788,429	61,740	1,850,169	0.389751	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.01	03550	PSYCH THERAPY	0	0	0	0.000000	76.01
76.29	03961	AIR RESCUE	0	0	0	0.000000	76.29
76.30	03962	BONE MARROW	669,582	116,330	785,912	0.722891	76.30
76.31	03963	CORNEAL TRANSPLANTS	0	478,743	478,743	0.290814	76.31
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	750	940,947	941,697	1.261028	90.00
90.02	09002	TRANSPLANT CLINIC	37,442	630,294	667,736	1.084471	90.02
90.03	09003	BONE MARROW CLINIC	9,798	734,574	744,372	2.275651	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	10,227,770	10,227,770	0.078609	90.04
91.00	09100	EMERGENCY	13,775,699	22,520,018	36,295,717	0.115961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	685,017	1,044,629	1,729,646	0.539238	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,368,630	1,691,565	3,060,195		105.00
107.00	10700	LIVER ACQUISITION	583,394	359,024	942,418		107.00
109.00	10900	PANCREAS ACQUISITION	66,877	4,645	71,522		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	392,460,736	196,958,604	589,419,340		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	392,460,736	196,958,604	589,419,340		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/28/2016 8:13 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 6TH ICU			31.01
31.02	03102 7TH ICU			31.02
31.03	03103 8TH ICU			31.03
31.04	03104 5TH ICU			31.04
40.00	04000 SUBPROVIDER - I/PF			40.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.183083		50.00
51.00	05100 RECOVERY ROOM	0.300848		51.00
53.00	05300 ANESTHESIOLOGY	0.192901		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.070721		54.00
54.03	03330 ENDOSCOPY	0.182809		54.03
54.05	05401 PET IMAGING	0.035482		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130856		55.00
56.00	05600 RADIOISOTOPE	1.365931		56.00
60.00	06000 LABORATORY	0.105609		60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0.000000		60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.263497		63.00
65.00	06500 RESPIRATORY THERAPY	0.162914		65.00
66.00	06600 PHYSICAL THERAPY	0.252855		66.00
69.00	06900 ELECTROCARDIOLOGY	0.109818		69.00
69.02	03650 CARDIOVASCULAR LAB	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.220919		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.240160		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.288447		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.134612		73.00
74.00	07400 RENAL DIALYSIS	0.389751		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.01	03550 PSYCH THERAPY	0.000000		76.01
76.29	03961 AIR RESCUE	0.000000		76.29
76.30	03962 BONE MARROW	0.722891		76.30
76.31	03963 CORNEAL TRANSPLANTS	0.290814		76.31
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.261028		90.00
90.02	09002 TRANSPLANT CLINIC	1.084471		90.02
90.03	09003 BONE MARROW CLINIC	2.275651		90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0.078609		90.04
91.00	09100 EMERGENCY	0.116006		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.539238		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,558,861		17,558,861	618	17,559,479	30.00
31.00	03100	INTENSIVE CARE UNIT	2,112,729		2,112,729	1,664	2,114,393	31.00
31.01	03101	6TH ICU	1,790,401		1,790,401	0	1,790,401	31.01
31.02	03102	7TH ICU	1,845,461		1,845,461	0	1,845,461	31.02
31.03	03103	8TH ICU	1,777,220		1,777,220	0	1,777,220	31.03
31.04	03104	5TH ICU	2,130,966		2,130,966	0	2,130,966	31.04
40.00	04000	SUBPROVIDER - IPF	3,312,602		3,312,602	89	3,312,691	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,173,618		7,173,618	1,703	7,175,321	50.00
51.00	05100	RECOVERY ROOM	1,617,737		1,617,737	0	1,617,737	51.00
53.00	05300	ANESTHESIOLOGY	1,447,890		1,447,890	832	1,448,722	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,793,347		5,793,347	0	5,793,347	54.00
54.03	03330	ENDOSCOPY	1,044,101		1,044,101	0	1,044,101	54.03
54.05	05401	PET IMAGING	255,751		255,751	0	255,751	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	815,654		815,654	0	815,654	55.00
56.00	05600	RADIOISOTOPE	1,010,879		1,010,879	0	1,010,879	56.00
60.00	06000	LABORATORY	8,272,381		8,272,381	12,611	8,284,992	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0		0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	1,979,692		1,979,692	350	1,980,042	63.00
65.00	06500	RESPIRATORY THERAPY	1,518,091	0	1,518,091	0	1,518,091	65.00
66.00	06600	PHYSICAL THERAPY	1,866,757	0	1,866,757	0	1,866,757	66.00
69.00	06900	ELECTROCARDIOLOGY	2,378,729		2,378,729	0	2,378,729	69.00
69.02	03650	CARDIOVASCULAR LAB	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	199,533		199,533	0	199,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	10,168,666		10,168,666	0	10,168,666	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,024,243		8,024,243	0	8,024,243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,815,086		15,815,086	0	15,815,086	73.00
74.00	07400	RENAL DIALYSIS	721,105		721,105	0	721,105	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.01	03550	PSYCH THERAPY	0		0	0	0	76.01
76.29	03961	AIR RESCUE	0		0	0	0	76.29
76.30	03962	BONE MARROW	568,129		568,129	0	568,129	76.30
76.31	03963	CORNEAL TRANSPLANTS	139,225		139,225	0	139,225	76.31
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	LITHOTRIpsy	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,187,506		1,187,506	0	1,187,506	90.00
90.02	09002	TRANSPLANT CLINIC	724,140		724,140	0	724,140	90.02
90.03	09003	BONE MARROW CLINIC	1,693,931		1,693,931	0	1,693,931	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	803,990		803,990	0	803,990	90.04
91.00	09100	EMERGENCY	4,208,896		4,208,896	1,633	4,210,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	932,691		932,691	0	932,691	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,939,911		1,939,911	0	1,939,911	105.00
107.00	10700	LIVER ACQUISITION	739,970		739,970	0	739,970	107.00
109.00	10900	PANCREAS ACQUISITION	54,322		54,322	0	54,322	109.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	113,624,211	0	113,624,211	19,500	113,643,711	200.00
201.00		Less Observation Beds	932,691		932,691	0	932,691	201.00
202.00		Total (see instructions)	112,691,520	0	112,691,520	19,500	112,711,020	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,828,685		33,828,685		30.00
31.00	03100	INTENSIVE CARE UNIT	5,100,552		5,100,552		31.00
31.01	03101	6TH ICU	4,488,931		4,488,931		31.01
31.02	03102	7TH ICU	4,323,293		4,323,293		31.02
31.03	03103	8TH ICU	4,264,839		4,264,839		31.03
31.04	03104	5TH ICU	5,591,743		5,591,743		31.04
40.00	04000	SUBPROVIDER - I PF	7,259,296		7,259,296		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,785,232	15,406,325	39,191,557	0.183040	50.00
51.00	05100	RECOVERY ROOM	2,432,075	2,945,180	5,377,255	0.300848	51.00
53.00	05300	ANESTHESIOLOGY	4,720,209	2,789,961	7,510,170	0.192791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,923,465	38,994,958	81,918,423	0.070721	54.00
54.03	03330	ENDOSCOPY	1,776,133	3,935,312	5,711,445	0.182809	54.03
54.05	05401	PET IMAGING	1,032,303	6,175,524	7,207,827	0.035482	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	278,006	5,955,200	6,233,206	0.130856	55.00
56.00	05600	RADIOISOTOPE	509,633	230,433	740,066	1.365931	56.00
60.00	06000	LABORATORY	51,144,557	27,305,487	78,450,044	0.105448	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0.000000	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	6,734,808	779,681	7,514,489	0.263450	63.00
65.00	06500	RESPIRATORY THERAPY	8,956,318	362,066	9,318,384	0.162914	65.00
66.00	06600	PHYSICAL THERAPY	6,191,837	1,190,879	7,382,716	0.252855	66.00
69.00	06900	ELECTROCARDIOLOGY	12,856,953	8,803,729	21,660,682	0.109818	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	455,085	448,111	903,196	0.220919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	31,033,071	11,308,131	42,341,202	0.240160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,121,224	8,697,553	27,818,777	0.288447	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,666,870	22,819,795	117,486,665	0.134612	73.00
74.00	07400	RENAL DIALYSIS	1,788,429	61,740	1,850,169	0.389751	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.01	03550	PSYCH THERAPY	0	0	0	0.000000	76.01
76.29	03961	AIR RESCUE	0	0	0	0.000000	76.29
76.30	03962	BONE MARROW	669,582	116,330	785,912	0.722891	76.30
76.31	03963	CORNEAL TRANSPLANTS	0	478,743	478,743	0.290814	76.31
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	750	940,947	941,697	1.261028	90.00
90.02	09002	TRANSPLANT CLINIC	37,442	630,294	667,736	1.084471	90.02
90.03	09003	BONE MARROW CLINIC	9,798	734,574	744,372	2.275651	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	10,227,770	10,227,770	0.078609	90.04
91.00	09100	EMERGENCY	13,775,699	22,520,018	36,295,717	0.115961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	685,017	1,044,629	1,729,646	0.539238	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,368,630	1,691,565	3,060,195		105.00
107.00	10700	LIVER ACQUISITION	583,394	359,024	942,418		107.00
109.00	10900	PANCREAS ACQUISITION	66,877	4,645	71,522		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	392,460,736	196,958,604	589,419,340		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	392,460,736	196,958,604	589,419,340		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/28/2016 8:13 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 6TH ICU			31.01
31.02	03102 7TH ICU			31.02
31.03	03103 8TH ICU			31.03
31.04	03104 5TH ICU			31.04
40.00	04000 SUBPROVIDER - I/PF			40.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.03	03330 ENDOSCOPY	0.000000		54.03
54.05	05401 PET IMAGING	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0.000000		60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.02	03650 CARDIOVASCULAR LAB	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.01	03550 PSYCH THERAPY	0.000000		76.01
76.29	03961 AIR RESCUE	0.000000		76.29
76.30	03962 BONE MARROW	0.000000		76.30
76.31	03963 CORNEAL TRANSPLANTS	0.000000		76.31
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 TRANSPLANT CLINIC	0.000000		90.02
90.03	09003 BONE MARROW CLINIC	0.000000		90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

		Title V		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		17,558,861	618	17,559,479	30.00	
31.00	03100 INTENSIVE CARE UNIT		2,112,729	1,664	2,114,393	31.00	
31.01	03101 6TH ICU		1,790,401	0	1,790,401	31.01	
31.02	03102 7TH ICU		1,845,461	0	1,845,461	31.02	
31.03	03103 8TH ICU		1,777,220	0	1,777,220	31.03	
31.04	03104 5TH ICU		2,130,966	0	2,130,966	31.04	
40.00	04000 SUBPROVIDER - IPF		3,312,602	89	3,312,691	40.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		7,173,618	1,703	7,175,321	50.00	
51.00	05100 RECOVERY ROOM		1,617,737	0	1,617,737	51.00	
53.00	05300 ANESTHESIOLOGY		1,447,890	832	1,448,722	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,793,347	0	5,793,347	54.00	
54.03	03330 ENDOSCOPY		1,044,101	0	1,044,101	54.03	
54.05	05401 PET IMAGING		255,751	0	255,751	54.05	
55.00	05500 RADIOLOGY-THERAPEUTIC		815,654	0	815,654	55.00	
56.00	05600 RADIOISOTOPE		1,010,879	0	1,010,879	56.00	
60.00	06000 LABORATORY		8,272,381	12,611	8,284,992	60.00	
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO		0	0	0	60.02	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
63.00	06300 BLOOD STORING PROCESSING & TRA		1,979,692	350	1,980,042	63.00	
65.00	06500 RESPIRATORY THERAPY	0	1,518,091	0	1,518,091	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,866,757	0	1,866,757	66.00	
69.00	06900 ELECTROCARDIOLOGY		2,378,729	0	2,378,729	69.00	
69.02	03650 CARDIOVASCULAR LAB		0	0	0	69.02	
70.00	07000 ELECTROENCEPHALOGRAPHY		199,533	0	199,533	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		10,168,666	0	10,168,666	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,024,243	0	8,024,243	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		15,815,086	0	15,815,086	73.00	
74.00	07400 RENAL DIALYSIS		721,105	0	721,105	74.00	
76.00	03950 OTHER ANCILLARY SERVICES		0	0	0	76.00	
76.01	03550 PSYCH THERAPY		0	0	0	76.01	
76.29	03961 AIR RESCUE		0	0	0	76.29	
76.30	03962 BONE MARROW		568,129	0	568,129	76.30	
76.31	03963 CORNEAL TRANSPLANTS		139,225	0	139,225	76.31	
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 LI THOTRI PSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		1,187,506	0	1,187,506	90.00	
90.02	09002 TRANSPLANT CLINIC		724,140	0	724,140	90.02	
90.03	09003 BONE MARROW CLINIC		1,693,931	0	1,693,931	90.03	
90.04	09004 ST LOUIS UNIVERSITY OP CENTER		803,990	0	803,990	90.04	
91.00	09100 EMERGENCY		4,208,896	1,633	4,210,529	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		932,691	0	932,691	92.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		1,939,911	0	1,939,911	105.00	
107.00	10700 LIVER ACQUISITION		739,970	0	739,970	107.00	
109.00	10900 PANCREAS ACQUISITION		54,322	0	54,322	109.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)		113,624,211	19,500	113,643,711	200.00	
201.00	Less Observation Beds		932,691	0	932,691	201.00	
202.00	Total (see instructions)		112,691,520	19,500	112,711,020	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

		Title V			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,828,685		33,828,685		30.00
31.00	03100	INTENSIVE CARE UNIT	5,100,552		5,100,552		31.00
31.01	03101	6TH ICU	4,488,931		4,488,931		31.01
31.02	03102	7TH ICU	4,323,293		4,323,293		31.02
31.03	03103	8TH ICU	4,264,839		4,264,839		31.03
31.04	03104	5TH ICU	5,591,743		5,591,743		31.04
40.00	04000	SUBPROVIDER - I PF	7,259,296		7,259,296		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,785,232	15,406,325	39,191,557	0.183040	50.00
51.00	05100	RECOVERY ROOM	2,432,075	2,945,180	5,377,255	0.300848	51.00
53.00	05300	ANESTHESIOLOGY	4,720,209	2,789,961	7,510,170	0.192791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,923,465	38,994,958	81,918,423	0.070721	54.00
54.03	03330	ENDOSCOPY	1,776,133	3,935,312	5,711,445	0.182809	54.03
54.05	05401	PET IMAGING	1,032,303	6,175,524	7,207,827	0.035482	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	278,006	5,955,200	6,233,206	0.130856	55.00
56.00	05600	RADIOISOTOPE	509,633	230,433	740,066	1.365931	56.00
60.00	06000	LABORATORY	51,144,557	27,305,487	78,450,044	0.105448	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0.000000	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	6,734,808	779,681	7,514,489	0.263450	63.00
65.00	06500	RESPIRATORY THERAPY	8,956,318	362,066	9,318,384	0.162914	65.00
66.00	06600	PHYSICAL THERAPY	6,191,837	1,190,879	7,382,716	0.252855	66.00
69.00	06900	ELECTROCARDIOLOGY	12,856,953	8,803,729	21,660,682	0.109818	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	455,085	448,111	903,196	0.220919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	31,033,071	11,308,131	42,341,202	0.240160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,121,224	8,697,553	27,818,777	0.288447	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,666,870	22,819,795	117,486,665	0.134612	73.00
74.00	07400	RENAL DIALYSIS	1,788,429	61,740	1,850,169	0.389751	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.01	03550	PSYCH THERAPY	0	0	0	0.000000	76.01
76.29	03961	AIR RESCUE	0	0	0	0.000000	76.29
76.30	03962	BONE MARROW	669,582	116,330	785,912	0.722891	76.30
76.31	03963	CORNEAL TRANSPLANTS	0	478,743	478,743	0.290814	76.31
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	750	940,947	941,697	1.261028	90.00
90.02	09002	TRANSPLANT CLINIC	37,442	630,294	667,736	1.084471	90.02
90.03	09003	BONE MARROW CLINIC	9,798	734,574	744,372	2.275651	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	10,227,770	10,227,770	0.078609	90.04
91.00	09100	EMERGENCY	13,775,699	22,520,018	36,295,717	0.115961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	685,017	1,044,629	1,729,646	0.539238	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,368,630	1,691,565	3,060,195		105.00
107.00	10700	LIVER ACQUISITION	583,394	359,024	942,418		107.00
109.00	10900	PANCREAS ACQUISITION	66,877	4,645	71,522		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	392,460,736	196,958,604	589,419,340		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	392,460,736	196,958,604	589,419,340		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/28/2016 8:13 pm
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 6TH ICU			31.01
31.02	03102 7TH ICU			31.02
31.03	03103 8TH ICU			31.03
31.04	03104 5TH ICU			31.04
40.00	04000 SUBPROVIDER - I PF			40.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.03	03330 ENDOSCOPY	0.000000		54.03
54.05	05401 PET IMAGING	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0.000000		60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.02	03650 CARDIOVASCULAR LAB	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.01	03550 PSYCH THERAPY	0.000000		76.01
76.29	03961 AIR RESCUE	0.000000		76.29
76.30	03962 BONE MARROW	0.000000		76.30
76.31	03963 CORNEAL TRANSPLANTS	0.000000		76.31
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 TRANSPLANT CLINIC	0.000000		90.02
90.03	09003 BONE MARROW CLINIC	0.000000		90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
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: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,516,979	0	1,516,979	24,437	62.08	30.00	
31.00	INTENSIVE CARE UNIT	114,876		114,876	1,441	79.72	31.00	
31.01	6TH ICU	104,480		104,480	1,230	84.94	31.01	
31.02	7TH ICU	107,661		107,661	1,187	90.70	31.02	
31.03	8TH ICU	109,931		109,931	1,193	92.15	31.03	
31.04	5TH ICU	130,578		130,578	1,494	87.40	31.04	
40.00	SUBPROVIDER - IPF	295,429	0	295,429	3,939	75.00	40.00	
200.00	Total (lines 30-199)	2,379,934		2,379,934	34,921		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,833	424,193					30.00
31.00	INTENSIVE CARE UNIT	424	33,801					31.00
31.01	6TH ICU	362	30,748					31.01
31.02	7TH ICU	349	31,654					31.02
31.03	8TH ICU	351	32,345					31.03
31.04	5TH ICU	439	38,369					31.04
40.00	SUBPROVIDER - IPF	1,362	102,150					40.00
200.00	Total (lines 30-199)	10,120	693,260					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/28/2016 8:13 pm
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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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	687,845	39,191,557	0.017551	8,783,031	154,151	50.00
51.00	05100	RECOVERY ROOM	139,011	5,377,255	0.025852	551,478	14,257	51.00
53.00	05300	ANESTHESIOLOGY	99,868	7,510,170	0.013298	1,138,237	15,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,880	81,918,423	0.005333	11,157,943	59,505	54.00
54.03	03330	ENDOSCOPY	92,434	5,711,445	0.016184	625,427	10,122	54.03
54.05	05401	PET IMAGING	3,245	7,207,827	0.000450	143,158	64	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	95,544	6,233,206	0.015328	42,931	658	55.00
56.00	05600	RADIOISOTOPE	74,708	740,066	0.100948	282,685	28,536	56.00
60.00	06000	LABORATORY	361,463	78,450,044	0.004608	15,400,696	70,966	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0.000000	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	59,869	7,514,489	0.007967	1,542,035	12,285	63.00
65.00	06500	RESPIRATORY THERAPY	60,512	9,318,384	0.006494	2,649,245	17,204	65.00
66.00	06600	PHYSICAL THERAPY	137,505	7,382,716	0.018625	2,003,286	37,311	66.00
69.00	06900	ELECTROCARDIOLOGY	218,994	21,660,682	0.010110	3,723,888	37,649	69.00
69.02	03650	CARDIOVASCULAR LAB	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,113	903,196	0.002339	162,257	380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	134,396	42,341,202	0.003174	9,003,639	28,578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,682	27,818,777	0.003799	6,344,971	24,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,732	117,486,665	0.001921	23,726,501	45,579	73.00
74.00	07400	RENAL DIALYSIS	52,925	1,850,169	0.028605	914,763	26,167	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.01	03550	PSYCH THERAPY	0	0	0.000000	0	0	76.01
76.29	03961	AIR RESCUE	0	0	0.000000	0	0	76.29
76.30	03962	BONE MARROW	37,270	785,912	0.047423	0	0	76.30
76.31	03963	CORNEAL TRANSPLANTS	1,157	478,743	0.002417	0	0	76.31
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	106,693	941,697	0.113299	0	0	90.00
90.02	09002	TRANSPLANT CLINIC	72,189	667,736	0.108110	0	0	90.02
90.03	09003	BONE MARROW CLINIC	129,747	744,372	0.174304	0	0	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	198,180	10,227,770	0.019377	0	0	90.04
91.00	09100	EMERGENCY	292,126	36,295,717	0.008048	3,773,573	30,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	80,576	1,729,646	0.046585	260,309	12,126	92.00
200.00		Total (lines 50-199)	3,906,664	520,487,866		92,230,053	625,149	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII		Hospital

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	50,097	0	0	50,097	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,002	0	0	2,002	31.00
31.01	03101	6TH ICU	0	2,002	0	0	2,002	31.01
31.02	03102	7TH ICU	0	2,002	0	0	2,002	31.02
31.03	03103	8TH ICU	0	2,002	0	0	2,002	31.03
31.04	03104	5TH ICU	0	2,002	0	0	2,002	31.04
40.00	04000	SUBPROVIDER - IPF	0	20,038	0	0	20,038	40.00
200.00		Total (lines 30-199)	0	80,145	0	0	80,145	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	24,437	2.05	6,833	14,008		30.00
31.00	03100	INTENSIVE CARE UNIT	1,441	1.39	424	589		31.00
31.01	03101	6TH ICU	1,230	1.63	362	590		31.01
31.02	03102	7TH ICU	1,187	1.69	349	590		31.02
31.03	03103	8TH ICU	1,193	1.68	351	590		31.03
31.04	03104	5TH ICU	1,494	1.34	439	588		31.04
40.00	04000	SUBPROVIDER - IPF	3,939	5.09	1,362	6,933		40.00
200.00		Total (lines 30-199)	34,921		10,120	23,888		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 8:13 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		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	2,505	0	2,505	50.00
51.00	05100	RECOVERY ROOM	0	0	2,505	0	2,505	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,367	0	12,367	54.00
54.03	03330	ENDOSCOPY	0	0	0	0	0	54.03
54.05	05401	PET IMAGING	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	209	0	209	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,305	0	1,305	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,558	0	8,558	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,679	0	6,679	69.00
69.02	03650	CARDIOVASCULAR 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 PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.01	03550	PSYCH THERAPY	0	0	0	0	0	76.01
76.29	03961	AIR RESCUE	0	0	0	0	0	76.29
76.30	03962	BONE MARROW	0	0	0	0	0	76.30
76.31	03963	CORNEAL TRANSPLANTS	0	0	0	0	0	76.31
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	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	BONE MARROW CLINIC	0	0	0	0	0	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	978	0	978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	2,661	0	2,661	92.00
200.00		Total (Lines 50-199)	0	0	37,767	0	37,767	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 8:13 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	2,505	39,191,557	0.000064	0.000064	8,783,031	50.00
51.00	05100 RECOVERY ROOM	2,505	5,377,255	0.000466	0.000466	551,478	51.00
53.00	05300 ANESTHESIOLOGY	0	7,510,170	0.000000	0.000000	1,138,237	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,367	81,918,423	0.000151	0.000151	11,157,943	54.00
54.03	03330 ENDOSCOPY	0	5,711,445	0.000000	0.000000	625,427	54.03
54.05	05401 PET IMAGING	0	7,207,827	0.000000	0.000000	143,158	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,233,206	0.000000	0.000000	42,931	55.00
56.00	05600 RADIOISOTOPE	209	740,066	0.000282	0.000282	282,685	56.00
60.00	06000 LABORATORY	0	78,450,044	0.000000	0.000000	15,400,696	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0	0.000000	0.000000	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0	7,514,489	0.000000	0.000000	1,542,035	63.00
65.00	06500 RESPIRATORY THERAPY	1,305	9,318,384	0.000140	0.000140	2,649,245	65.00
66.00	06600 PHYSICAL THERAPY	8,558	7,382,716	0.001159	0.001159	2,003,286	66.00
69.00	06900 ELECTROCARDIOLOGY	6,679	21,660,682	0.000308	0.000308	3,723,888	69.00
69.02	03650 CARDIOVASCULAR LAB	0	0	0.000000	0.000000	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	903,196	0.000000	0.000000	162,257	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	42,341,202	0.000000	0.000000	9,003,639	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,818,777	0.000000	0.000000	6,344,971	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	117,486,665	0.000000	0.000000	23,726,501	73.00
74.00	07400 RENAL DIALYSIS	0	1,850,169	0.000000	0.000000	914,763	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0.000000	0	76.00
76.01	03550 PSYCH THERAPY	0	0	0.000000	0.000000	0	76.01
76.29	03961 AIR RESCUE	0	0	0.000000	0.000000	0	76.29
76.30	03962 BONE MARROW	0	785,912	0.000000	0.000000	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	0	478,743	0.000000	0.000000	0	76.31
76.97	07697 CARDIAC REHABILITATION	0	0	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							
90.00	09000 CLINIC	0	941,697	0.000000	0.000000	0	90.00
90.02	09002 TRANSPLANT CLINIC	0	667,736	0.000000	0.000000	0	90.02
90.03	09003 BONE MARROW CLINIC	0	744,372	0.000000	0.000000	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0	10,227,770	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	978	36,295,717	0.000027	0.000027	3,773,573	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	2,661	1,729,646	0.001538	0.001538	260,309	92.00
200.00	Total (lines 50-199)	37,767	520,487,866			92,230,053	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 8:13 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	562	5,180,989	332	50.00
51.00	05100 RECOVERY ROOM	257	896,810	418	51.00
53.00	05300 ANESTHESIOLOGY	0	959,659	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,685	8,211,314	1,240	54.00
54.03	03330 ENDOSCOPY	0	887,403	0	54.03
54.05	05401 PET IMAGING	0	647,204	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,523,359	0	55.00
56.00	05600 RADIOISOTOPE	80	70,320	20	56.00
60.00	06000 LABORATORY	0	3,236,432	0	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0	126,053	0	63.00
65.00	06500 RESPIRATORY THERAPY	371	30,592	4	65.00
66.00	06600 PHYSICAL THERAPY	2,322	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	1,147	2,740,036	844	69.00
69.02	03650 CARDIOVASCULAR LAB	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	109,506	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	3,513,023	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,582,397	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,440,805	0	73.00
74.00	07400 RENAL DIALYSIS	0	17,693	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	76.00
76.01	03550 PSYCH THERAPY	0	0	0	76.01
76.29	03961 AIR RESCUE	0	0	0	76.29
76.30	03962 BONE MARROW	0	0	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	0	0	0	76.31
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					
90.00	09000 CLINIC	0	694,686	0	90.00
90.02	09002 TRANSPLANT CLINIC	0	0	0	90.02
90.03	09003 BONE MARROW CLINIC	0	0	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	102	2,340,854	63	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	400	231,833	357	92.00
200.00	Total (lines 50-199)	6,926	38,440,968	3,278	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.183040	5,180,989	119,856	0	948,328	50.00
51.00	05100 RECOVERY ROOM	0.300848	896,810	0	0	269,803	51.00
53.00	05300 ANESTHESIOLOGY	0.192791	959,659	0	0	185,014	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.070721	8,211,314	0	0	580,712	54.00
54.03	03330 ENDOSCOPY	0.182809	887,403	0	0	162,225	54.03
54.05	05401 PET IMAGING	0.035482	647,204	0	0	22,964	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130856	1,523,359	0	0	199,341	55.00
56.00	05600 RADIOISOTOPE	1.365931	70,320	0	0	96,052	56.00
60.00	06000 LABORATORY	0.105448	3,236,432	20,108	0	341,275	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0.000000	0	0	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.263450	126,053	0	0	33,209	63.00
65.00	06500 RESPIRATORY THERAPY	0.162914	30,592	0	0	4,984	65.00
66.00	06600 PHYSICAL THERAPY	0.252855	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.109818	2,740,036	0	0	300,905	69.00
69.02	03650 CARDIOVASCULAR LAB	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.220919	109,506	0	0	24,192	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.240160	3,513,023	859	0	843,688	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.288447	2,582,397	0	0	744,885	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.134612	4,440,805	586	228,093	597,786	73.00
74.00	07400 RENAL DIALYSIS	0.389751	17,693	0	0	6,896	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.01	03550 PSYCH THERAPY	0.000000	0	0	0	0	76.01
76.29	03961 AIR RESCUE	0.000000	0	0	0	0	76.29
76.30	03962 BONE MARROW	0.722891	0	0	0	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	0.290814	0	0	0	0	76.31
76.97	07697 CARDIAC REHABILITATION	0.000000	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							
90.00	09000 CLINIC	1.261028	694,686	0	1,675	876,018	90.00
90.02	09002 TRANSPLANT CLINIC	1.084471	0	0	0	0	90.02
90.03	09003 BONE MARROW CLINIC	2.275651	0	0	0	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0.078609	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.115961	2,340,854	0	0	271,448	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.539238	231,833	0	0	125,013	92.00
200.00	Subtotal (see instructions)		38,440,968	141,409	229,768	6,634,738	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		38,440,968	141,409	229,768	6,634,738	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	21,938	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.03 03330 ENDOSCOPY	0	0		54.03
54.05 05401 PET IMAGING	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	2,120	0		60.00
60.02 06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0		60.02
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 03650 CARDIOVASCULAR LAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	206	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	79	30,704		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0		76.00
76.01 03550 PSYCH THERAPY	0	0		76.01
76.29 03961 AIR RESCUE	0	0		76.29
76.30 03962 BONE MARROW	0	0		76.30
76.31 03963 CORNEAL TRANSPLANTS	0	0		76.31
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				
90.00 09000 CLINIC	0	2,112		90.00
90.02 09002 TRANSPLANT CLINIC	0	0		90.02
90.03 09003 BONE MARROW CLINIC	0	0		90.03
90.04 09004 ST LOUIS UNIVERSITY OP CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
200.00 Subtotal (see instructions)	24,343	32,816		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	24,343	32,816		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/28/2016 8:13 pm
		Component CCN: 26S105	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	687,845	39,191,557	0.017551	0	0	50.00
51.00	05100 RECOVERY ROOM	139,011	5,377,255	0.025852	0	0	51.00
53.00	05300 ANESTHESIOLOGY	99,868	7,510,170	0.013298	42,964	571	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	436,880	81,918,423	0.005333	110,739	591	54.00
54.03	03330 ENDOSCOPY	92,434	5,711,445	0.016184	6,522	106	54.03
54.05	05401 PET IMAGING	3,245	7,207,827	0.000450	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	95,544	6,233,206	0.015328	0	0	55.00
56.00	05600 RADIOISOTOPE	74,708	740,066	0.100948	0	0	56.00
60.00	06000 LABORATORY	361,463	78,450,044	0.004608	263,558	1,214	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0	0.000000	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	59,869	7,514,489	0.007967	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	60,512	9,318,384	0.006494	2,937	19	65.00
66.00	06600 PHYSICAL THERAPY	137,505	7,382,716	0.018625	114,279	2,128	66.00
69.00	06900 ELECTROCARDIOLOGY	218,994	21,660,682	0.010110	39,687	401	69.00
69.02	03650 CARDIOVASCULAR LAB	0	0	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	2,113	903,196	0.002339	4,118	10	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	134,396	42,341,202	0.003174	10,738	34	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	105,682	27,818,777	0.003799	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	225,732	117,486,665	0.001921	583,559	1,121	73.00
74.00	07400 RENAL DIALYSIS	52,925	1,850,169	0.028605	8,166	234	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.01	03550 PSYCH THERAPY	0	0	0.000000	0	0	76.01
76.29	03961 AIR RESCUE	0	0	0.000000	0	0	76.29
76.30	03962 BONE MARROW	37,270	785,912	0.047423	0	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	1,157	478,743	0.002417	0	0	76.31
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	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							
90.00	09000 CLINIC	106,693	941,697	0.113299	0	0	90.00
90.02	09002 TRANSPLANT CLINIC	72,189	667,736	0.108110	0	0	90.02
90.03	09003 BONE MARROW CLINIC	129,747	744,372	0.174304	0	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	198,180	10,227,770	0.019377	0	0	90.04
91.00	09100 EMERGENCY	292,126	36,295,717	0.008048	199,655	1,607	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	1,729,646	0.000000	2,499	0	92.00
200.00	Total (lines 50-199)	3,826,088	520,487,866		1,389,421	8,036	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260105 Component CCN: 26S105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 8:13 pm
	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	2,505	0	2,505	50.00
51.00	05100 RECOVERY ROOM	0	0	2,505	0	2,505	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	12,367	0	12,367	54.00
54.03	03330 ENDOSCOPY	0	0	0	0	0	54.03
54.05	05401 PET IMAGING	0	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	209	0	209	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	1,305	0	1,305	65.00
66.00	06600 PHYSICAL THERAPY	0	0	8,558	0	8,558	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	6,679	0	6,679	69.00
69.02	03650 CARDIOVASCULAR 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 PAT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.01	03550 PSYCH THERAPY	0	0	0	0	0	76.01
76.29	03961 AIR RESCUE	0	0	0	0	0	76.29
76.30	03962 BONE MARROW	0	0	0	0	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	0	0	0	0	0	76.31
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							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003 BONE MARROW CLINIC	0	0	0	0	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	978	0	978	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	35,106	0	35,106	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260105 Component CCN: 26S105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 8:13 pm
	Title XVIII	Subprovider - IPF	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	2,505	39,191,557	0.000064	0.000064	0	50.00
51.00	05100 RECOVERY ROOM	2,505	5,377,255	0.000466	0.000466	0	51.00
53.00	05300 ANESTHESIOLOGY	0	7,510,170	0.000000	0.000000	42,964	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,367	81,918,423	0.000151	0.000151	110,739	54.00
54.03	03330 ENDOSCOPY	0	5,711,445	0.000000	0.000000	6,522	54.03
54.05	05401 PET IMAGING	0	7,207,827	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,233,206	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	209	740,066	0.000282	0.000282	0	56.00
60.00	06000 LABORATORY	0	78,450,044	0.000000	0.000000	263,558	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0	0.000000	0.000000	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0	7,514,489	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	1,305	9,318,384	0.000140	0.000140	2,937	65.00
66.00	06600 PHYSICAL THERAPY	8,558	7,382,716	0.001159	0.001159	114,279	66.00
69.00	06900 ELECTROCARDIOLOGY	6,679	21,660,682	0.000308	0.000308	39,687	69.00
69.02	03650 CARDIOVASCULAR LAB	0	0	0.000000	0.000000	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	903,196	0.000000	0.000000	4,118	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	42,341,202	0.000000	0.000000	10,738	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,818,777	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	117,486,665	0.000000	0.000000	583,559	73.00
74.00	07400 RENAL DIALYSIS	0	1,850,169	0.000000	0.000000	8,166	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0.000000	0	76.00
76.01	03550 PSYCH THERAPY	0	0	0.000000	0.000000	0	76.01
76.29	03961 AIR RESCUE	0	0	0.000000	0.000000	0	76.29
76.30	03962 BONE MARROW	0	785,912	0.000000	0.000000	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	0	478,743	0.000000	0.000000	0	76.31
76.97	07697 CARDIAC REHABILITATION	0	0	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							
90.00	09000 CLINIC	0	941,697	0.000000	0.000000	0	90.00
90.02	09002 TRANSPLANT CLINIC	0	667,736	0.000000	0.000000	0	90.02
90.03	09003 BONE MARROW CLINIC	0	744,372	0.000000	0.000000	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0	10,227,770	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	978	36,295,717	0.000027	0.000027	199,655	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	1,729,646	0.000000	0.000000	2,499	92.00
200.00	Total (lines 50-199)	35,106	520,487,866			1,389,421	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260105 Component CCN: 26S105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 8:13 pm
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
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17	0	0	54.00
54.03	03330 ENDOSCOPY	0	0	0	54.03
54.05	05401 PET IMAGING	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	132	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	12	0	0	69.00
69.02	03650 CARDIOVASCULAR LAB	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	76.00
76.01	03550 PSYCH THERAPY	0	0	0	76.01
76.29	03961 AIR RESCUE	0	0	0	76.29
76.30	03962 BONE MARROW	0	0	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	0	0	0	76.31
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					
90.00	09000 CLINIC	0	416	0	90.00
90.02	09002 TRANSPLANT CLINIC	0	0	0	90.02
90.03	09003 BONE MARROW CLINIC	0	0	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	5	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
200.00	Total (lines 50-199)	166	416	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 8:13 pm				
		Component CCN: 26S105	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	0.183040	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.300848	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.192791	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.070721	0	0	0	0	54.00
54.03	03330	ENDOSCOPY	0.182809	0	0	0	0	54.03
54.05	05401	PET IMAGING	0.035482	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130856	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1.365931	0	0	0	0	56.00
60.00	06000	LABORATORY	0.105448	0	0	0	0	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0.000000	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0.263450	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.162914	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.252855	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.109818	0	0	0	0	69.00
69.02	03650	CARDIOVASCULAR LAB	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220919	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.240160	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.288447	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134612	0	0	4,393	0	73.00
74.00	07400	RENAL DIALYSIS	0.389751	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.01	03550	PSYCH THERAPY	0.000000	0	0	0	0	76.01
76.29	03961	AIR RESCUE	0.000000	0	0	0	0	76.29
76.30	03962	BONE MARROW	0.722891	0	0	0	0	76.30
76.31	03963	CORNEAL TRANSPLANTS	0.290814	0	0	0	0	76.31
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.261028	416	0	0	525	90.00
90.02	09002	TRANSPLANT CLINIC	1.084471	0	0	0	0	90.02
90.03	09003	BONE MARROW CLINIC	2.275651	0	0	0	0	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0.078609	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.115961	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.539238	0	0	0	0	92.00
200.00		Subtotal (see instructions)		416	0	4,393	525	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		416	0	4,393	525	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 8:13 pm
	Component CCN: 26S105	Title XVII I	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
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.03 03330 ENDOSCOPY	0	0		54.03
54.05 05401 PET IMAGING	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
60.02 06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0		60.02
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 03650 CARDIOVASCULAR LAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	591		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0		76.00
76.01 03550 PSYCH THERAPY	0	0		76.01
76.29 03961 AIR RESCUE	0	0		76.29
76.30 03962 BONE MARROW	0	0		76.30
76.31 03963 CORNEAL TRANSPLANTS	0	0		76.31
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				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 TRANSPLANT CLINIC	0	0		90.02
90.03 09003 BONE MARROW CLINIC	0	0		90.03
90.04 09004 ST LOUIS UNIVERSITY OP CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00 Subtotal (see instructions)	0	591		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	591		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 8:13 pm
		Title XIX	Hospital	Cost

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	0.183040	0	1,202,465	0	0
51.00 05100 RECOVERY ROOM	0.300848	0	216,584	0	0
53.00 05300 ANESTHESIOLOGY	0.192791	0	191,478	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.070721	0	4,958,013	0	0
54.03 03330 ENDOSCOPY	0.182809	0	224,219	0	0
54.05 05401 PET IMAGING	0.035482	0	300,418	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.130856	0	667,997	0	0
56.00 05600 RADIOISOTOPE	1.365931	0	69,330	0	0
60.00 06000 LABORATORY	0.105448	0	2,981,459	0	0
60.02 06002 BLOOD CLOTTING FACTORS ADMIN CO	0.000000	0	0	0	0
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING PROCESSING & TRA	0.263450	0	106,330	0	0
65.00 06500 RESPIRATORY THERAPY	0.162914	0	70,854	0	0
66.00 06600 PHYSICAL THERAPY	0.252855	0	45,353	0	0
69.00 06900 ELECTROCARDIOLOGY	0.109818	0	706,298	0	0
69.02 03650 CARDIOVASCULAR LAB	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.220919	0	34,176	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.240160	0	806,963	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.288447	0	620,669	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.134612	0	2,310,962	0	0
74.00 07400 RENAL DIALYSIS	0.389751	0	6,860	0	0
76.00 03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0
76.01 03550 PSYCH THERAPY	0.000000	0	0	0	0
76.29 03961 AIR RESCUE	0.000000	0	0	0	0
76.30 03962 BONE MARROW	0.722891	0	10,412	0	0
76.31 03963 CORNEAL TRANSPLANTS	0.290814	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.261028	0	62,972	0	0
90.02 09002 TRANSPLANT CLINIC	1.084471	0	5,297	0	0
90.03 09003 BONE MARROW CLINIC	2.275651	0	31,261	0	0
90.04 09004 ST LOUIS UNIVERSITY OP CENTER	0.078609	0	0	0	0
91.00 09100 EMERGENCY	0.115961	0	2,930,107	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.539238	0	225,343	0	0
200.00 Subtotal (see instructions)		0	18,785,820	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	18,785,820	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 8:13 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	220,099	0		50.00
51.00 05100 RECOVERY ROOM	65,159	0		51.00
53.00 05300 ANESTHESIOLOGY	36,915	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	350,636	0		54.00
54.03 03330 ENDOSCOPY	40,989	0		54.03
54.05 05401 PET IMAGING	10,659	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	87,411	0		55.00
56.00 05600 RADIOISOTOPE	94,700	0		56.00
60.00 06000 LABORATORY	314,389	0		60.00
60.02 06002 BLOOD CLOTTING FACTORS ADMIN CO	0	0		60.02
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING PROCESSING & TRA	28,013	0		63.00
65.00 06500 RESPIRATORY THERAPY	11,543	0		65.00
66.00 06600 PHYSICAL THERAPY	11,468	0		66.00
69.00 06900 ELECTROCARDIOLOGY	77,564	0		69.00
69.02 03650 CARDIOVASCULAR LAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	7,550	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	193,800	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	179,030	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	311,083	0		73.00
74.00 07400 RENAL DIALYSIS	2,674	0		74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0		76.00
76.01 03550 PSYCH THERAPY	0	0		76.01
76.29 03961 AIR RESCUE	0	0		76.29
76.30 03962 BONE MARROW	7,527	0		76.30
76.31 03963 CORNEAL TRANSPLANTS	0	0		76.31
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				
90.00 09000 CLINIC	79,409	0		90.00
90.02 09002 TRANSPLANT CLINIC	5,744	0		90.02
90.03 09003 BONE MARROW CLINIC	71,139	0		90.03
90.04 09004 ST LOUIS UNIVERSITY OP CENTER	0	0		90.04
91.00 09100 EMERGENCY	339,778	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	121,514	0		92.00
200.00 Subtotal (see instructions)	2,668,793	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,668,793	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2016 8:13 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,437	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,437	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.		10,136	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,003	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,833	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		2,846	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)		17,559,479	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)		17,559,479	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		33,828,685	28.00
29.00	Private room charges (excluding swing-bed charges)		16,808,368	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		17,020,317	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.519071	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,658.28	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,308.95	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		349.33	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		181.33	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,837,961	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,721,518	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)		718.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,909,920	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)		4,909,920	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	2,114,393	1,441	1,467.31	424	622,139
43.01 6TH ICU	1,790,401	1,230	1,455.61	362	526,931
43.02 7TH ICU	1,845,461	1,187	1,554.73	349	542,601
43.03 8TH ICU	1,777,220	1,193	1,489.71	351	522,888
43.04 5TH ICU	2,130,966	1,494	1,426.35	439	626,168
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,830,503
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,581,150
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					608,065
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					632,075
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,240,140
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,341,010
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					1,298
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					718.56
89.00 Observation bed cost (line 87 x line 88) (see instructions)					932,691

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260105		Period: From 09/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,516,979	17,559,479	0.086391	932,691	80,576	90.00
91.00	Nursing School cost	0	17,559,479	0.000000	932,691	0	91.00
92.00	Allied health cost	50,097	17,559,479	0.002853	932,691	2,661	92.00
93.00	All other Medical Education	0	17,559,479	0.000000	932,691	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260105 Component CCN: 26S105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,939 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,939 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.			664 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,275 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,362 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)			267 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)			3,312,691 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)			3,312,691 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			7,259,296 28.00
29.00	Private room charges (excluding swing-bed charges)			1,360,536 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			5,898,760 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.456338 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,049.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,801.15 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			247.85 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			113.10 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			75,098 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,237,593 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)			841.00 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,145,442 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)			1,145,442 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260105 Component CCN: 26S105		Period: From 09/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	6TH ICU	0	0	0.00	0	0	43.01
43.02	7TH ICU	0	0	0.00	0	0	43.02
43.03	8TH ICU	0	0	0.00	0	0	43.03
43.04	5TH ICU	0	0	0.00	0	0	43.04
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					188,613	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,334,055	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)					109,083	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,202	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					117,285	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,216,770	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: 260105 Component CCN: 26S105		Period: From 09/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm	
		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	295,429	3,312,691	0.089181	0	0	90.00
91.00	Nursing School cost	0	3,312,691	0.000000	0	0	91.00
92.00	Allied health cost	20,038	3,312,691	0.006049	0	0	92.00
93.00	All other Medical Education	0	3,312,691	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm
		Title XIX	Hospital	Cost
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)			24,437 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			24,437 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.			10,136 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			13,003 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)			2,895 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)			1,259 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)			17,558,861 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)			17,558,861 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			33,828,685 28.00
29.00	Private room charges (excluding swing-bed charges)			16,808,368 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			17,020,317 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.519052 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,658.28 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,308.95 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			349.33 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			181.32 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			1,837,860 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			15,721,001 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)			643.33 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,862,440 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			228,282 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,090,722 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,112,729	1,441	1,466.15	214	313,756
43.01	6TH ICU	1,790,401	1,230	1,455.61	66	96,070
43.02	7TH ICU	1,845,461	1,187	1,554.73	98	152,364
43.03	8TH ICU	1,777,220	1,193	1,489.71	130	193,662
43.04	5TH ICU	2,130,966	1,494	1,426.35	141	201,115
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,206,801
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,254,490
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,298
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					718.54
89.00	Observation bed cost (line 87 x line 88) (see instructions)					932,665

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet D-1
Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description	Cost	Title XIX		Hospital	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	1,516,979	17,558,861	0.086394	932,665	80,577	90.00
91.00 Nursing School cost	0	17,558,861	0.000000	932,665	0	91.00
92.00 Allied health cost	0	17,558,861	0.000000	932,665	0	92.00
93.00 All other Medical Education	0	17,558,861	0.000000	932,665	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 26S105		Date/Time Prepared: 5/28/2016 8:13 pm
		Title XIX	Subprovider - IPF	Cost
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)		3,939	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,939	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.		664	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,275	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)		734	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)		100	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)		3,312,602	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)		3,312,602	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		7,259,296	28.00
29.00	Private room charges (excluding swing-bed charges)		1,360,536	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,898,760	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.456326	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,049.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,801.15	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		247.85	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		113.10	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		75,098	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,237,504	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)		821.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		603,282	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		11,310	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		614,592	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260105 Component CCN: 26S105		Period: From 09/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	6TH ICU	0	0	0.00	0	0	43.01
43.02	7TH ICU	0	0	0.00	0	0	43.02
43.03	8TH ICU	0	0	0.00	0	0	43.03
43.04	5TH ICU	0	0	0.00	0	0	43.04
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					253,273	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					867,865	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
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: 260105 Component CCN: 26S105		Period: From 09/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 8:13 pm	
		Title XIX		Subprovider - IPF		Cost	
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	295,429	3,312,602	0.089183	0	0	90.00
91.00	Nursing School cost	0	3,312,602	0.000000	0	0	91.00
92.00	Allied health cost	0	3,312,602	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,312,602	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/28/2016 8:13 pm	
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		10,126,309	30.00
31.00	03100	INTENSIVE CARE UNIT		1,552,930	31.00
31.01	03101	6TH ICU		1,325,540	31.01
31.02	03102	7TH ICU		1,279,200	31.02
31.03	03103	8TH ICU		1,285,666	31.03
31.04	03104	5TH ICU		1,610,047	31.04
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.183083	8,783,031	1,608,024 50.00
51.00	05100	RECOVERY ROOM	0.300848	551,478	165,911 51.00
53.00	05300	ANESTHESIOLOGY	0.192901	1,138,237	219,567 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.070721	11,157,943	789,101 54.00
54.03	03330	ENDOSCOPY	0.182809	625,427	114,334 54.03
54.05	05401	PET IMAGING	0.035482	143,158	5,080 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130856	42,931	5,618 55.00
56.00	05600	RADIOISOTOPE	1.365931	282,685	386,128 56.00
60.00	06000	LABORATORY	0.105609	15,400,696	1,626,452 60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0.000000	0	0 60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0.263497	1,542,035	406,322 63.00
65.00	06500	RESPIRATORY THERAPY	0.162914	2,649,245	431,599 65.00
66.00	06600	PHYSICAL THERAPY	0.252855	2,003,286	506,541 66.00
69.00	06900	ELECTROCARDIOLOGY	0.109818	3,723,888	408,950 69.00
69.02	03650	CARDIOVASCULAR LAB	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220919	162,257	35,846 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.240160	9,003,639	2,162,314 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.288447	6,344,971	1,830,188 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134612	23,726,501	3,193,872 73.00
74.00	07400	RENAL DIALYSIS	0.389751	914,763	356,530 74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	0 76.00
76.01	03550	PSYCH THERAPY	0.000000	0	0 76.01
76.29	03961	AIR RESCUE	0.000000	0	0 76.29
76.30	03962	BONE MARROW	0.722891	0	0 76.30
76.31	03963	CORNEAL TRANSPLANTS	0.290814	0	0 76.31
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.261028	0	0 90.00
90.02	09002	TRANSPLANT CLINIC	1.084471	0	0 90.02
90.03	09003	BONE MARROW CLINIC	2.275651	0	0 90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0.078609	0	0 90.04
91.00	09100	EMERGENCY	0.116006	3,773,573	437,757 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.539238	260,309	140,369 92.00
200.00		Total (sum of lines 50-94 and 96-98)		92,230,053	14,830,503 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		92,230,053	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 26S105		Date/Time Prepared: 5/28/2016 8:13 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 6TH ICU		0		31.01
31.02	03102 7TH ICU		0		31.02
31.03	03103 8TH ICU		0		31.03
31.04	03104 5TH ICU		0		31.04
40.00	04000 SUBPROVIDER - IPF		2,513,971		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.183083	0	0	50.00
51.00	05100 RECOVERY ROOM	0.300848	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.192901	42,964	8,288	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.070721	110,739	7,832	54.00
54.03	03330 ENDOSCOPY	0.182809	6,522	1,192	54.03
54.05	05401 PET IMAGING	0.035482	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130856	0	0	55.00
56.00	05600 RADIOISOTOPE	1.365931	0	0	56.00
60.00	06000 LABORATORY	0.105609	263,558	27,834	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0.000000	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.263497	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.162914	2,937	478	65.00
66.00	06600 PHYSICAL THERAPY	0.252855	114,279	28,896	66.00
69.00	06900 ELECTROCARDIOLOGY	0.109818	39,687	4,358	69.00
69.02	03650 CARDIOVASCULAR LAB	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.220919	4,118	910	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.240160	10,738	2,579	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.288447	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.134612	583,559	78,554	73.00
74.00	07400 RENAL DIALYSIS	0.389751	8,166	3,183	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	76.00
76.01	03550 PSYCH THERAPY	0.000000	0	0	76.01
76.29	03961 AIR RESCUE	0.000000	0	0	76.29
76.30	03962 BONE MARROW	0.722891	0	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	0.290814	0	0	76.31
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.261028	0	0	90.00
90.02	09002 TRANSPLANT CLINIC	1.084471	0	0	90.02
90.03	09003 BONE MARROW CLINIC	2.275651	0	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0.078609	0	0	90.04
91.00	09100 EMERGENCY	0.116006	199,655	23,161	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.539238	2,499	1,348	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,389,421	188,613	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,389,421	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/28/2016 8:13 pm	
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		4,405,409	30.00
31.00	03100	INTENSIVE CARE UNIT		590,154	31.00
31.01	03101	6TH ICU		246,292	31.01
31.02	03102	7TH ICU		303,506	31.02
31.03	03103	8TH ICU		560,156	31.03
31.04	03104	5TH ICU		362,690	31.04
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.183040	2,072,637	50.00
51.00	05100	RECOVERY ROOM	0.300848	164,822	51.00
53.00	05300	ANESTHESIOLOGY	0.192791	388,439	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.070721	3,010,541	54.00
54.03	03330	ENDOSCOPY	0.182809	197,949	54.03
54.05	05401	PET IMAGING	0.035482	155,599	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130856	51,603	55.00
56.00	05600	RADIOISOTOPE	1.365931	40,919	56.00
60.00	06000	LABORATORY	0.105448	4,937,296	60.00
60.02	06002	BLOOD CLOTTING FACTORS ADMIN CO	0.000000	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRA	0.263450	517,071	63.00
65.00	06500	RESPIRATORY THERAPY	0.162914	822,703	65.00
66.00	06600	PHYSICAL THERAPY	0.252855	556,228	66.00
69.00	06900	ELECTROCARDIOLOGY	0.109818	1,106,967	69.00
69.02	03650	CARDIOVASCULAR LAB	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220919	44,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.240160	2,413,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.288447	1,492,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134612	9,015,072	73.00
74.00	07400	RENAL DIALYSIS	0.389751	225,653	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.01	03550	PSYCH THERAPY	0.000000	0	76.01
76.29	03961	AIR RESCUE	0.000000	0	76.29
76.30	03962	BONE MARROW	0.722891	7,001	76.30
76.31	03963	CORNEAL TRANSPLANTS	0.290814	0	76.31
76.97	07697	CARDIAC REHABILITATION	0.000000	0	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					
90.00	09000	CLINIC	1.261028	0	90.00
90.02	09002	TRANSPLANT CLINIC	1.084471	2,614	90.02
90.03	09003	BONE MARROW CLINIC	2.275651	666	90.03
90.04	09004	ST LOUIS UNIVERSITY OP CENTER	0.078609	0	90.04
91.00	09100	EMERGENCY	0.115961	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.539238	3,448	92.00
200.00		Total (sum of lines 50-94 and 96-98)		27,227,254	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)		27,227,254	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260105 Component CCN: 26S105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/28/2016 8:13 pm	
		Title XIX	Subprovider - IPF	Cost	
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
31.01	03101 6TH ICU		0		31.01
31.02	03102 7TH ICU		0		31.02
31.03	03103 8TH ICU		0		31.03
31.04	03104 5TH ICU		0		31.04
40.00	04000 SUBPROVIDER - IPF		1,566,327		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.183040	0	0	50.00
51.00	05100 RECOVERY ROOM	0.300848	54,864	16,506	51.00
53.00	05300 ANESTHESIOLOGY	0.192791	35,589	6,861	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.070721	130,645	9,239	54.00
54.03	03330 ENDOSCOPY	0.182809	9,039	1,652	54.03
54.05	05401 PET IMAGING	0.035482	1,734	62	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.130856	0	0	55.00
56.00	05600 RADIOISOTOPE	1.365931	3,278	4,478	56.00
60.00	06000 LABORATORY	0.105448	320,833	33,831	60.00
60.02	06002 BLOOD CLOTTING FACTORS ADMIN CO	0.000000	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRA	0.263450	1,022	269	63.00
65.00	06500 RESPIRATORY THERAPY	0.162914	7,388	1,204	65.00
66.00	06600 PHYSICAL THERAPY	0.252855	46,523	11,764	66.00
69.00	06900 ELECTROCARDIOLOGY	0.109818	48,665	5,344	69.00
69.02	03650 CARDIOVASCULAR LAB	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.220919	4,118	910	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.240160	8,629	2,072	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.288447	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.134612	965,936	130,027	73.00
74.00	07400 RENAL DIALYSIS	0.389751	5,444	2,122	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	76.00
76.01	03550 PSYCH THERAPY	0.000000	0	0	76.01
76.29	03961 AIR RESCUE	0.000000	0	0	76.29
76.30	03962 BONE MARROW	0.722891	0	0	76.30
76.31	03963 CORNEAL TRANSPLANTS	0.290814	0	0	76.31
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.261028	0	0	90.00
90.02	09002 TRANSPLANT CLINIC	1.084471	0	0	90.02
90.03	09003 BONE MARROW CLINIC	2.275651	0	0	90.03
90.04	09004 ST LOUIS UNIVERSITY OP CENTER	0.078609	0	0	90.04
91.00	09100 EMERGENCY	0.115961	221,170	25,647	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.539238	2,383	1,285	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,867,260	253,273	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,867,260		202.00

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

Provider CCN: 260105

Period: From 09/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 8:13 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
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	14,166	718.56	9	6,467	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,467.31	0	0	2.00
2.01	6TH ICU	43.01	0	1,455.61	0	0	2.01
2.02	7TH ICU	43.02	3,666	1,554.73	2	3,109	2.02
2.03	8TH ICU	43.03	0	1,489.71	0	0	2.03
2.04	5TH ICU	43.04	0	1,426.35	0	0	2.04
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		17,832		11	9,576	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.183040		83,601	15,302	8.00
9.00	RECOVERY ROOM	51.00	0.300848		7,320	2,202	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000		0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.192791		17,253	3,326	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.070721		344,181	24,341	12.00
12.03	ENDOSCOPY	54.03	0.182809		14,208	2,597	12.03
12.05	PET IMAGING	54.05	0.035482		2,022	72	12.05
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130856		0	0	13.00
14.00	RADIOISOTOPE	56.00	1.365931		24,106	32,927	14.00
15.00	CT SCAN	57.00	0.000000		0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000		0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000		0	0	17.00
18.00	LABORATORY	60.00	0.105448		1,512,518	159,492	18.00
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02	0.000000		0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000		0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000		0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000		0	0	20.30
21.00	BLOOD STORING PROCESSING & TRA	63.00	0.263450		0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000		0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.162914		841	137	23.00
24.00	PHYSICAL THERAPY	66.00	0.252855		2,783	704	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000		0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000		0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.109818		304,788	33,471	27.00
27.02	CARDIOVASCULAR LAB	69.02	0.000000		0	0	27.02
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.220919		0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.240160		139,472	33,496	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.288447		0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.134612		189,083	25,453	31.00
32.00	RENAL DIALYSIS	74.00	0.389751		1,833	714	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000		0	0	33.00
34.00	OTHER ANCILLARY SERVICES	76.00	0.000000		0	0	34.00
34.01	PSYCH THERAPY	76.01	0.000000		0	0	34.01
34.29	AIR RESCUE	76.29	0.000000		0	0	34.29
34.30	BONE MARROW	76.30	0.722891		0	0	34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.290814		0	0	34.31
34.97	CARDIAC REHABILITATION	76.97	0.000000		0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000		0	0	34.98
34.99	LI THOTRIPSY	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	1.261028		0	0	37.00
37.02	TRANSPLANT CLINIC	90.02	1.084471		0	0	37.02
37.03	BONE MARROW CLINIC	90.03	2.275651		0	0	37.03
37.04	ST LOUIS UNIVERSITY OP CENTER	90.04	0.078609		0	0	37.04
38.00	EMERGENCY	91.00	0.115961		0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.539238		0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				2,644,009	334,234	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: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 5/28/2016 8:13 pm	
		Kidney	Hospital	PPS	
Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	9	0 42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0 43.00
43.01	6TH ICU	3.01	0.00	0	0 43.01
43.02	7TH ICU	3.02	0.00	2	0 43.02
43.03	8TH ICU	3.03	0.00	0	0 43.03
43.04	5TH ICU	3.04	0.00	0	0 43.04
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)			11	0 48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0 49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0 50.00
51.00	CLINIC	23.00	0	0.000000	0 51.00
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0 51.02
51.03	BONE MARROW CLINIC	23.03	0	0.000000	0 51.03
51.04	ST LOUIS UNIVERSITY OP CENTER	23.04	0	0.000000	0 51.04
52.00	EMERGENCY	24.00	0	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT)	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	343,810		2,661,841	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)	1,939,911		1,941,492	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)	2,283,721		4,603,333	61.00
62.00	Total Usable Organs (see instructions)		14		62.00
63.00	Medicare Usable Organs (see instructions)		7		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000		64.00
65.00	Medicare Cost/Charges (see instructions)	1,141,861		2,301,667	65.00
66.00	Revenue for Organs Sold	0		0	66.00
67.00	Subtotal (line 65 minus line 66)	1,141,861		2,301,667	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,141,861	0	2,301,667	69.00

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

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

Provider CCN: 260105

Period: From 09/01/2015

Worksheet D-4

Component CCN:

To 12/31/2015

Date/Time Prepared: 5/28/2016 8:13 pm

Cost Center Description	Kidney		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	3	2			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	11			73.00
74.00 Total (sum of lines 70 thru 73)	3	13			74.00
75.00 Organs Transplanted	3	11	1,668,464		75.00
76.00 Organs Sold to Other Hospitals	0	0			76.00
77.00 Organs Sold to OPOs	0	0			77.00
78.00 Organs Sold to Transplant Hospitals	0	0			78.00
79.00 Organs Sold to Military or VA Hospitals	0	0			79.00
80.00 Organs Sold Outside the U.S.	0	0			80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	0			82.00
83.00 Unusable/Discarded Organs	0	2			83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	3	13			84.00

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

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

Provider CCN: 260105

Period: From 09/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 8:13 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	718.56	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,467.31	0	0	2.00
2.01	6TH ICU	43.01	0	1,455.61	0	0	2.01
2.02	7TH ICU	43.02	0	1,554.73	1	1,555	2.02
2.03	8TH ICU	43.03	0	1,489.71	0	0	2.03
2.04	5TH ICU	43.04	0	1,426.35	0	0	2.04
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		1	1,555	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	0.183040	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.300848	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.192791	3,728	719	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.070721	182,396	12,899	12.00	
12.03	ENDOSCOPY	54.03	0.182809	15,680	2,866	12.03	
12.05	PET IMAGING	54.05	0.035482	506	18	12.05	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130856	0	0	13.00	
14.00	RADIOISOTOPE	56.00	1.365931	6,027	8,232	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.105448	277,070	29,216	18.00	
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING PROCESSING & TRA	63.00	0.263450	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.162914	420	68	23.00	
24.00	PHYSICAL THERAPY	66.00	0.252855	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.109818	149,571	16,426	27.00	
27.02	CARDIOVASCULAR LAB	69.02	0.000000	0	0	27.02	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.220919	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.240160	37,754	9,067	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.288447	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.134612	105,126	14,151	31.00	
32.00	RENAL DIALYSIS	74.00	0.389751	1,833	714	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICES	76.00	0.000000	0	0	34.00	
34.01	PSYCH THERAPY	76.01	0.000000	0	0	34.01	
34.29	AIR RESCUE	76.29	0.000000	0	0	34.29	
34.30	BONE MARROW	76.30	0.722891	0	0	34.30	
34.31	CORNEAL TRANSPLANTS	76.31	0.290814	0	0	34.31	
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LI THOTRI PSY	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	1.261028	0	0	37.00	
37.02	TRANSPLANT CLINIC	90.02	1.084471	0	0	37.02	
37.03	BONE MARROW CLINIC	90.03	2.275651	0	0	37.03	
37.04	ST LOUIS UNIVERSITY OP CENTER	90.04	0.078609	0	0	37.04	
38.00	EMERGENCY	91.00	0.115961	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.539238	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			780,111	94,376	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: 260105

Period: From 09/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 8:13 pm

Cost Center Description	Liver		Hospital		PPS
	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00 ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00 INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01 6TH ICU	3.01	0.00	0	0	43.01
43.02 7TH ICU	3.02	0.00	1	0	43.02
43.03 8TH ICU	3.03	0.00	0	0	43.03
43.04 5TH ICU	3.04	0.00	0	0	43.04
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)			1	0	48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00 RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00 FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00 CLINIC	23.00	0	0.000000	0	51.00
51.02 TRANSPLANT CLINIC	23.02	0	0.000000	0	51.02
51.03 BONE MARROW CLINIC	23.03	0	0.000000	0	51.03
51.04 ST LOUIS UNIVERSITY OP CENTER	23.04	0	0.000000	0	51.04
52.00 EMERGENCY	24.00	0	0.000000	0	52.00
53.00 OBSERVATION BEDS (NON-DISTINCT)	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	95,931		780,111		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)	739,970		739,925		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)	835,901		1,520,036		61.00
62.00 Total Usable Organs (see instructions)		8			62.00
63.00 Medicare Usable Organs (see instructions)		2			63.00
64.00 Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.250000			64.00
65.00 Medicare Cost/Charges (see instructions)	208,975		380,009		65.00
66.00 Revenue for Organs Sold	0		0		66.00
67.00 Subtotal (line 65 minus line 66)	208,975		380,009		67.00
68.00 Organs Furnished Part B	0	0	0	0	68.00
69.00 Net Organ Acquisition Cost and Charges (see instructions)	208,975	0	380,009	0	69.00

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

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

Provider CCN: 260105

Period: From 09/01/2015

Worksheet D-4

Component CCN:

To 12/31/2015

Date/Time Prepared: 5/28/2016 8:13 pm

Cost Center Description	Liver		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	0	1			70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	0	0			71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00 Organs Purchased from OPOs	0	8			73.00
74.00 Total (sum of lines 70 thru 73)	0	9			74.00
75.00 Organs Transplanted	0	8	5,145,021		75.00
76.00 Organs Sold to Other Hospitals	0	0		0	76.00
77.00 Organs Sold to OPOs	0	0		0	77.00
78.00 Organs Sold to Transplant Hospitals	0	0		0	78.00
79.00 Organs Sold to Military or VA Hospitals	0	0		0	79.00
80.00 Organs Sold Outside the U.S.	0	0		0	80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	0			82.00
83.00 Unusable/Discarded Organs	0	1			83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	0	9			84.00

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

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

Provider CCN: 260105

Period: From 09/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 8:13 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	718.56	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,467.31	0	0	2.00
2.01	6TH ICU	43.01	0	1,455.61	0	0	2.01
2.02	7TH ICU	43.02	0	1,554.73	0	0	2.02
2.03	8TH ICU	43.03	0	1,489.71	0	0	2.03
2.04	5TH ICU	43.04	0	1,426.35	0	0	2.04
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.183040	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.300848	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.192791	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.070721	4,394	311	12.00	
12.03	ENDOSCOPY	54.03	0.182809	0	0	12.03	
12.05	PET IMAGING	54.05	0.035482	0	0	12.05	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130856	0	0	13.00	
14.00	RADIOISOTOPE	56.00	1.365931	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.105448	9,731	1,026	18.00	
18.02	BLOOD CLOTTING FACTORS ADMIN CO	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING PROCESSING & TRA	63.00	0.263450	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.162914	0	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0.252855	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.109818	1,041	114	27.00	
27.02	CARDIOVASCULAR LAB	69.02	0.000000	0	0	27.02	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.220919	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.240160	49	12	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.288447	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.134612	653	88	31.00	
32.00	RENAL DIALYSIS	74.00	0.389751	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICES	76.00	0.000000	0	0	34.00	
34.01	PSYCH THERAPY	76.01	0.000000	0	0	34.01	
34.29	AIR RESCUE	76.29	0.000000	0	0	34.29	
34.30	BONE MARROW	76.30	0.722891	0	0	34.30	
34.31	CORNEAL TRANSPLANTS	76.31	0.290814	0	0	34.31	
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LI THOTRI PSY	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	1.261028	0	0	37.00	
37.02	TRANSPLANT CLINIC	90.02	1.084471	0	0	37.02	
37.03	BONE MARROW CLINIC	90.03	2.275651	0	0	37.03	
37.04	ST LOUIS UNIVERSITY OP CENTER	90.04	0.078609	0	0	37.04	
38.00	EMERGENCY	91.00	0.115961	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.539238	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			15,868	1,551	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: 260105

Period: From 09/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/28/2016 8:13 pm

Cost Center Description	Pancreas		Hospital		PPS	
	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00 ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00 INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01 6TH ICU	3.01	0.00	0	0	0	43.01
43.02 7TH ICU	3.02	0.00	0	0	0	43.02
43.03 8TH ICU	3.03	0.00	0	0	0	43.03
43.04 5TH ICU	3.04	0.00	0	0	0	43.04
44.00 CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00 TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00 RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00 FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00 CLINIC	23.00	0	0.000000	0	0	51.00
51.02 TRANSPLANT CLINIC	23.02	0	0.000000	0	0	51.02
51.03 BONE MARROW CLINIC	23.03	0	0.000000	0	0	51.03
51.04 ST LOUIS UNIVERSITY OP CENTER	23.04	0	0.000000	0	0	51.04
52.00 EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00 OBSERVATION BEDS (NON-DISTINCT)	25.00	0	0.000000	0	0	53.00
54.00 OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00 TOTAL (sum of lines 49 through 52)		0		0	0	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	1,551		15,868			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)	54,322		54,318			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)	55,873		70,186			61.00
62.00 Total Usable Organs (see instructions)		1				62.00
63.00 Medicare Usable Organs (see instructions)		0				63.00
64.00 Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000				64.00
65.00 Medicare Cost/Charges (see instructions)	0		0			65.00
66.00 Revenue for Organs Sold	0		0			66.00
67.00 Subtotal (line 65 minus line 66)	0		0			67.00
68.00 Organs Furnished Part B	0	0	0	0	0	68.00
69.00 Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	0	69.00

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

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

Provider CCN: 260105

Period:

Worksheet D-4

Component CCN:

From 09/01/2015

Date/Time Prepared:

To 12/31/2015

5/28/2016 8:13 pm

Cost Center Description	Pancreas		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	0	0			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	1			73.00
74.00 Total (sum of lines 70 thru 73)	0	1			74.00
75.00 Organs Transplanted	0	1	180,406		75.00
76.00 Organs Sold to Other Hospitals	0	0			76.00
77.00 Organs Sold to OPOs	0	0			77.00
78.00 Organs Sold to Transplant Hospitals	0	0			78.00
79.00 Organs Sold to Military or VA Hospitals	0	0			79.00
80.00 Organs Sold Outside the U.S.	0	0			80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	0			82.00
83.00 Unusable/Discarded Organs	0	0			83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	0	1			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: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII	Hospital	PPS
		0	1.00	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)		3,382,013	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,361,941	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)		1,447,889	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		4,193,146	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		275.36	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)		219.95	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).		36.00	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)		255.95	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		267.95	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)		255.95	12.00
13.00	Total allowable FTE count for the prior year.		257.45	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.		257.45	14.00
15.00	Sum of lines 12 through 14 divided by 3.		256.95	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		256.95	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.933142	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.936795	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.933142	21.00
22.00	IME payment adjustment (see instructions)		5,677,270	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,732,080	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).		1.73	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		12.00	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)		1.73	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.006283	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001676	27.00
28.00	IME add-on adjustment amount (see instructions)		23,035	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		7,028	28.01
29.00	Total IME payment (sum of lines 22 and 28)		5,700,305	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,739,108	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.55	31.00
32.00	Sum of lines 30 and 31		36.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.57	33.00
34.00	Disproportionate share adjustment (see instructions)		672,423	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 8:13 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000561195	0.000546335	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,291,823	3,499,905	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		352,754	879,757	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,232,511		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		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		22,797,082		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)		24,536,190		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,644,997		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).		3,961,244		52.00
53.00	Nursing and Allied Health Managed Care payment		27,372		53.00
54.00	Special add-on payments for new technologies		42,412		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		1,350,836		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).		16,955		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		6,926		58.00
59.00	Total (sum of amounts on lines 49 through 58)		31,586,932		59.00
60.00	Primary payer payments		80,501		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		31,506,431		61.00
62.00	Deductibles billed to program beneficiaries		1,125,180		62.00
63.00	Coinurance billed to program beneficiaries		107,730		63.00
64.00	Allowable bad debts (see instructions)		0		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		0		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		30,273,521		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)		-85,086		70.93
70.94	HRR adjustment amount (see instructions)		-17,904		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 8:13 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		274,714		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		29,895,817		71.00
71.01	Sequestration adjustment (see instructions)		597,916		71.01
72.00	Interim payments		28,304,134		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)		993,767		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0		75.00
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
			Prior to 10/1 1.00	On/After 10/1 2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,382,013	0	3,382,013	0	3,382,013	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,361,941	0	0	10,361,941	10,361,941	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,447,889	0	374,493	1,073,396	1,447,889	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,193,146	0	833,452	3,359,694	4,193,146	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.933142	0.933142	0.933142	0.933142		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,677,270	0	1,397,022	4,280,248	5,677,270	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,732,080	0	344,277	1,387,803	1,732,080	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001676	0.001676	0.001676	0.001676		7.00
8.00	IME adjustment (see instructions)	28.00	23,035	0	5,668	17,367	23,035	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	7,028	0	1,397	5,631	7,028	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,700,305	0	1,402,690	4,297,615	5,700,305	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,739,108	0	345,674	1,393,434	1,739,108	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1957	0.1957	0.1957	0.1957		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	672,423	0	165,465	506,958	672,423	11.00
11.01	Uncompensated care payments	36.00	1,232,511	0	352,754	879,757	1,232,511	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,797,082	0	5,677,415	17,119,667	22,797,082	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	24,536,190	0	6,023,089	18,513,101	24,536,190	15.00
16.00	Payment for inpatient program capital	50.00	1,644,997	0	467,708	1,177,289	1,644,997	16.00
17.00	Special add-on payments for new technologies	54.00	42,412	0	20,173	22,239	42,412	17.00
17.01	Net organ acquisition cost	55.00	1,350,836	0	332,173	1,018,663	1,350,836	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	6,843,143	20,731,292	27,574,435	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,093,656	0	268,762	824,895	1,093,657	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	84,131	0	84,131	61,337	145,468	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3499	0.3499	0.3499	0.3499		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	382,670	0	94,040	288,630	382,670	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0773	0.0773	0.0773	0.0773		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	84,540	0	20,775	63,765	84,540	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,644,997	0	467,708	1,177,289	1,644,997	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XVIII			Hospital		PPS
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,382,013	3,382,013		3,382,013	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,361,941		10,361,941	10,361,941	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	1,447,889	374,493	1,073,396	1,447,889	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	4,193,146	833,452	3,359,694	4,193,146	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.933142	0.933142	0.933142		
6.00	IME payment adjustment (see instructions)	22.00	5,677,270	1,397,022	4,280,248	5,677,270	
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,732,080	344,277	1,387,803	1,732,080	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001676	0.001676	0.001676		
8.00	IME adjustment (see instructions)	28.00	23,035	5,668	17,367	23,035	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	7,028	1,397	5,631	7,028	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,700,305	1,402,690	4,297,615	5,700,305	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,739,108	345,674	1,393,434	1,739,108	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1957	0.1957	0.1957		
11.00	Disproportionate share adjustment (see instructions)	34.00	672,423	165,465	506,958	672,423	
11.01	Uncompensated care payments	36.00	1,232,511	352,754	879,757	1,232,511	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	22,797,082	5,677,415	17,119,667	22,797,082	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	24,536,190	6,023,089	18,513,101	24,536,190	
16.00	Payment for inpatient program capital	50.00	1,644,997	467,708	1,177,289	1,644,997	
17.00	Special add-on payments for new technologies	54.00	42,412	20,173	22,239	42,412	
17.01	Net organ acquisition cost	55.00	1,350,836	332,173	1,018,663	1,350,836	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			6,843,143	20,731,292	27,574,435	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,093,656	268,762	824,894	1,093,656	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	84,131	84,131	0	84,131	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.3499	0.3499	0.3499		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	382,670	94,040	288,630	382,670	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0773	0.0773	0.0773		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	84,540	20,775	63,765	84,540	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,644,997	467,708	1,177,289	1,644,997	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-85,086	-1,991	-83,095	-85,086	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-17,904	-5,443	-12,461	-17,904	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		68,357	206,357	274,714	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57,159	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,631,460	2.00
3.00	PPS payments		4,497,719	3.00
4.00	Outlier payment (see instructions)		63,009	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		3,278	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		57,159	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		371,177	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)		371,177	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)		371,177	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		314,018	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)		57,159	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)		4,564,006	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		24,143	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		856,964	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		3,740,058	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,052,691	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)		4,792,749	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,792,749	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)		4,792,749	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)		4,792,749	40.00
40.01	Sequestration adjustment (see instructions)		95,855	40.01
41.00	Interim payments		3,968,387	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		728,507	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260105 Component CCN: 26S105	Period: From 09/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVII I	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		591	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		525	2.00
3.00	PPS payments		460	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)		591	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,393	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)		4,393	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)		4,393	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,802	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)		591	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)		460	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)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,051	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,051	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,051	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,051	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)		1,051	40.00
40.01	Sequestration adjustment (see instructions)		21	40.01
41.00	Interim payments		967	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		63	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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,886,689		3,656,964	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		4,417,445		311,423	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)		28,304,134		3,968,387	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		993,767		728,507	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		29,297,901		4,696,894	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: 260105
Component CCN: 26S105

Period:
From 09/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2016 8:13 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,050,016		967	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,050,016		967	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		21,624		63	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,071,640		1,030	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: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2016 8:13 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	0	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	0	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	0	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	0	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	0	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: 260105 Component CCN: 26S105	Period: From 09/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/28/2016 8:13 pm
		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)			1,106,972 1.00
2.00	Net IPF PPS Outlier Payments			6,591 2.00
3.00	Net IPF PPS ECT Payments			16,126 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)			6.12 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)			15.84 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)			6.12 8.00
9.00	Average Daily Census (see instructions)			32.286885 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.093509 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			103,512 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,233,201 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,233,201 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,233,201 18.00
19.00	Deductibles			95,760 19.00
20.00	Subtotal (line 18 minus line 19)			1,137,441 20.00
21.00	Coinsurance			51,030 21.00
22.00	Subtotal (line 20 minus line 21)			1,086,411 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,086,411 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)			7,099 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)			1,093,510 31.00
31.01	Sequestration adjustment (see instructions)			21,870 31.01
32.00	Interim payments			1,050,016 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)			21,624 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			6,591 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: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/28/2016 8:13 pm	
		Title XVII I	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.			75.20	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			12.33	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)			87.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			98.58	6.00
7.00	Enter the lesser of line 5 or line 6			87.53	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.	25.34	62.40	87.74	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.	22.50	55.41	77.91	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	22.50	55.41		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	28.62	75.04		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	20.75	55.43		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	23.96	61.96		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	23.96	61.96		17.00
18.00	Per resident amount	141,410.92	141,861.69		18.00
19.00	Approved amount for resident costs	3,388,206	8,789,750	12,177,956	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)			23.85	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			11.05	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			9.83	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			102,150.06	23.00
24.00	Multiply line 22 time line 23			1,004,135	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			13,182,091	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,120	3,108		26.00
27.00	Total Inpatient Days (see instructions)	33,623	33,623		27.00
28.00	Ratio of inpatient days to total inpatient days	0.300984	0.092437		28.00
29.00	Program direct GME amount	3,967,598	1,218,513		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		172,176		30.00
31.00	Net Program direct GME amount			5,013,935	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,850,169	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)		23,915,205	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		1,350,836	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		80,501	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		25,185,540	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		6,693,013	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		6,693,013	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		31,878,553	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.790047	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.209953	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,013,935	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,961,244	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,052,691	50.00

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

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet G

Date/Time Prepared:
5/28/2016 8:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-57,058,165	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	272,238,222	0	0	0	4.00
5.00	Other receivable	5,598,466	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-177,810,589	0	0	0	6.00
7.00	Inventory	9,893,002	0	0	0	7.00
8.00	Prepaid expenses	6,186,049	0	0	0	8.00
9.00	Other current assets	600,530	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	59,647,515	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,580,000	0	0	0	12.00
13.00	Land improvements	148,500	0	0	0	13.00
14.00	Accumulated depreciation	-13,385	0	0	0	14.00
15.00	Buildings	55,720,411	0	0	0	15.00
16.00	Accumulated depreciation	-3,617,502	0	0	0	16.00
17.00	Leasehold improvements	2,552,741	0	0	0	17.00
18.00	Accumulated depreciation	-320,337	0	0	0	18.00
19.00	Fixed equipment	591,000	0	0	0	19.00
20.00	Accumulated depreciation	-177,381	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	31,023,937	0	0	0	23.00
24.00	Accumulated depreciation	-2,477,594	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	41,920	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	93,052,310	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	11,027,852	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	10,010,924	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,038,776	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	173,738,601	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	23,737,173	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,640,485	0	0	0	38.00
39.00	Payroll taxes payable	167,359	0	0	0	39.00
40.00	Notes and loans payable (short term)	91,954	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	0	0	0	0	43.00
44.00	Other current liabilities	1,748,802	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	34,385,773	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,358,474	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,358,474	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	36,744,247	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	136,994,354				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	136,994,354	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	173,738,601	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet G-1

Date/Time Prepared:
5/28/2016 8:13 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		119,976,051		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,696,772			2.00
3.00	Total (sum of line 1 and line 2)		118,279,279		0	3.00
4.00	INTERCOMPANY	18,715,075		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		18,715,075		0	10.00
11.00	Subtotal (line 3 plus line 10)		136,994,354		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		136,994,354		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	INTERCOMPANY		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2016 8:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	33,828,685		33,828,685	1.00
2.00	SUBPROVIDER - IPF	7,259,296		7,259,296	2.00
3.00	SUBPROVIDER - IRF				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)	41,087,981		41,087,981	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,100,552		5,100,552	11.00
11.01	6TH ICU	4,488,931		4,488,931	11.01
11.02	7TH ICU	4,323,293		4,323,293	11.02
11.03	8TH ICU	4,264,839		4,264,839	11.03
11.04	5TH ICU	5,591,743		5,591,743	11.04
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,769,358		23,769,358	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,857,339		64,857,339	17.00
18.00	Ancillary services	328,235,335	215,881,834	544,117,169	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	393,092,674	215,881,834	608,974,508	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		143,000,213		29.00
30.00	ADDITION ADJUSTMENTS	28,520			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		28,520		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)		143,028,733		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260105

Period:
From 09/01/2015
To 12/31/2015

Worksheet G-3

Date/Time Prepared:
5/28/2016 8:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	608,974,508	1.00
2.00	Less contractual allowances and discounts on patients' accounts	470,271,760	2.00
3.00	Net patient revenues (line 1 minus line 2)	138,702,748	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	143,028,733	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,325,985	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	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	125,310	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	7,183	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	159,890	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	999,952	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	1,387,632	24.00
25.00	Total other income (sum of lines 6-24)	2,679,967	25.00
26.00	Total (line 5 plus line 25)	-1,646,018	26.00
27.00	NONRECURRING EXPENSES	50,754	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	50,754	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,696,772	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260105	Period: From 09/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/28/2016 8:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,093,656	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		84,131	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)		243.31	3.00
4.00	Number of interns & residents (see instructions)		258.68	4.00
5.00	Indirect medical education percentage (see instructions)		34.99	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)		382,670	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.24	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.55	8.00
9.00	Sum of lines 7 and 8		36.79	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.73	10.00
11.00	Disproportionate share adjustment (see instructions)		84,540	11.00
12.00	Total prospective capital payments (see instructions)		1,644,997	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