

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/28/2017 8:33 am
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/28/2017	Time: 8:33 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT FRANCIS MEDICAL CENTER (14-0067) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 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	1,487,616	27,883	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-690,178	-583		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	797,438	27,300	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:43 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 530 NE GLEN OAK AVENUE			PO Box:							1.00	
2.00	City: PEORIA			State: IL		Zip Code: 61637		County: PEORIA			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
		V		XVIII	XIX							
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		SAINT FRANCIS MEDICAL CENTER		140067	37900	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		SAINT FRANCIS REHABILITATION UNIT		14T067	37900	5	10/01/1983	0	P	0	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2015	09/30/2016		20.00		
21.00	Type of Control (see instructions)						3			21.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			12,122	17,248	0	0	22,261	579		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.			544	391	0	0	464			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:43 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.	2	08/26/2016		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:43 pm					
	Y/N	IME	Direct GME	IME	Direct GME						
	1.00	2.00	3.00	4.00	5.00						
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06			
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count						
	1.00	2.00	3.00	4.00							
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count 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					
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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)						1.62	83.71	0.018985	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))					
		1.00	2.00	3.00	4.00	5.00					
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						6.04	31.91	0.159157	65.00	
65.01	INTERNAL MEDICINE						1400				
65.02	MEDICINE-PEDIATRICS						1450	8.79	29.51	0.229504	65.01
	PEDIATRICS						2000	4.90	18.84	0.206403	65.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:43 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)	1.92	98.03	0.019210		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	7.58	34.76	0.179027	
67.01		MEDICINE-PEDIATRICS	1450	12.44	30.10	0.292431	
67.02		PEDIATRICS	2000	4.25	24.04	0.150230	
				1.00	2.00	3.00	
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.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:43 pm	
		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	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.	2	118.00				
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	13,165,469	118.01		
		1.00	2.00				
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N	118.02				
119.00	DO NOT USE THIS LINE	119.00					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00			
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y	121.00				
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N	122.00				
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y	125.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	01/01/1980	126.00				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	127.00					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 11:43 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N 167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0 168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00 169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N 0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 11:43 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
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				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/15/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	02/06/2017	Y	02/06/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 11:43 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N		20.00
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			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.	KEVIN		WELLEN			41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-231-5544		KWELLEN@BKD.COM			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 11:43 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGING DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 11:43 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	523	191,598	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)		523	191,598	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,522	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	28	10,248	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		618	226,368	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,485		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		644				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: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	44,514	9,859	133,294			1.00
2.00 HMO and other (see instructions)	16,436	39,509				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	517	855				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	44,514	9,859	133,294			7.00
8.00 INTENSIVE CARE UNIT	7,401	1,312	17,816			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	603	8,190			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		348	4,730			13.00
14.00 Total (see instructions)	51,915	12,122	164,030	185.29	5,064.96	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,780	544	8,116	0.10	63.12	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				0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				185.39	5,128.08	27.00
28.00 Observation Bed Days		3,524	10,320			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	579	579			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: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 11:43 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	10,232	1,797	33,477	1.00
2.00 HMO and other (see instructions)				3,194	4,446		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	10,232	1,797		33,477	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	270		31	540	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 11:43 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- 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	317,927,270	-338,880	317,588,390	10,506,262.00	30.23
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		10,109,469	0	10,109,469	54,679.00	184.89
4.01	Physicians - Part A - Teaching		8,599,050	0	8,599,050	67,280.00	127.81
5.00	Physician and Non-Physician-Part B		13,577,181	0	13,577,181	68,185.00	199.12
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	13,707,705	-84,783	13,622,922	506,272.00	26.91
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		30,060,430	68,020	30,128,450	672,129.00	44.83
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		6,740,612	0	6,740,612	103,374.00	65.21
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		942,019	0	942,019	4,102.00	229.65
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		70,006,080	0	70,006,080	1,359,220.00	51.50
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		73,741,031	0	73,741,031		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		7,075,651	0	7,075,651		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,598,885	0	1,598,885		
22.01	Physician Part A - Teaching		1,454,278	0	1,454,278		
23.00	Physician Part B		2,123,541	0	2,123,541		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		4,117,665	0	4,117,665		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-588,787	3,586,121	2,997,334	77,663.00	38.59
27.00	Administrative & General	5.00	19,944,390	-1,852,381	18,092,009	650,508.00	27.81

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 11:43 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	
28.00	Administrative & General under contract (see inst.)		272,352	0	272,352	1,396.68	195.00	28.00
29.00	Maintenance & Repairs	6.00	5,605,676	-6,675	5,599,001	186,371.00	30.04	29.00
30.00	Operation of Plant	7.00	2,573,691	-12,464	2,561,227	75,234.00	34.04	30.00
31.00	Laundry & Linen Service	8.00	222,808	0	222,808	14,843.00	15.01	31.00
32.00	Housekeeping	9.00	5,906,940	-141,214	5,765,726	489,125.00	11.79	32.00
33.00	Housekeeping under contract (see instructions)		145,513	0	145,513	8,736.00	16.66	33.00
34.00	Dietary	10.00	5,317,898	-2,023,625	3,294,273	214,529.00	15.36	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,811,330	1,811,330	117,850.00	15.37	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,558,167	463,670	6,021,837	192,909.00	31.22	38.00
39.00	Central Services and Supply	14.00	3,607,115	-24,893	3,582,222	200,288.00	17.89	39.00
40.00	Pharmacy	15.00	11,364,219	-22,645	11,341,574	268,319.00	42.27	40.00
41.00	Medical Records & Medical Records Library	16.00	3,672,865	-27,512	3,645,353	155,985.00	23.37	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2017 11:43 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	282,461,199	-254,097	282,207,102	9,874,657.68	28.58	1.00
2.00	Excluded area salaries (see instructions)	30,060,430	68,020	30,128,450	672,129.00	44.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	252,400,769	-322,117	252,078,652	9,202,528.68	27.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	77,688,711	0	77,688,711	1,466,696.00	52.97	4.00
5.00	Subtotal wage-related costs (see inst.)	75,339,916	0	75,339,916	0.00	29.89	5.00
6.00	Total (sum of lines 3 thru 5)	405,429,396	-322,117	405,107,279	10,669,224.68	37.97	6.00
7.00	Total overhead cost (see instructions)	63,602,847	1,749,712	65,352,559	2,653,756.68	24.63	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2017 11:43 pm
-----------------------------	-----------------------	---	---

			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		18,178,633	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,601,539	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)		45,872,346	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
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)		339,072	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		4,949	14.00
15.00	'Workers' Compensation Insurance		408,607	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		20,649,407	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		33,236	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		1,023,262	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		90,111,051	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: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part V
Date/Time Prepared:
2/27/2017 11:43 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			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 2/27/2017 11:43 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)		0.168912	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		146,077,958	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		905,478,066	6.00
7.00	Medicaid cost (line 1 times line 6)		152,946,111	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)		6,868,153	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
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, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,868,153	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Charity care charges for the entire facility (see instructions)		29,350,640	6,775,789
21.00	Cost of patients approved for charity care (line 1 times line 20)		4,957,675	1,144,512
22.00	Partial payment by patients approved for charity care		265,236	316,127
23.00	Cost of charity care (line 21 minus line 22)		4,692,439	828,385
			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?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		18,637,516	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,614,647	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		17,022,869	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,875,367	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,396,191	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,264,344	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet A Date/Time Prepared: 2/27/2017 11:43 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		16,892,303	16,892,303	2,235,747	19,128,050	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		26,093,498	26,093,498	814,274	26,907,772	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	-588,787	105,803,607	105,214,820	7,169,657	112,384,477	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	1,001,562	3,742,264	4,743,826	0	4,743,826	5.01
5.02 00570	ADMITTING	0	0	0	0	0	5.02
5.03 00540	OUTPATIENT REVENUES	304,308	30,587	334,895	-4,169	330,726	5.03
5.04 00550	BUSINESS OFFICE	0	162	162	0	162	5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	18,638,520	144,724,437	163,362,957	-3,194,515	160,168,442	5.05
6.00 00600	MAINTENANCE & REPAIRS	5,605,676	19,781,314	25,386,990	-6,675	25,380,315	6.00
7.00 00700	OPERATION OF PLANT	2,573,691	8,447,640	11,021,331	-1,225,077	9,796,254	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	222,808	2,482,858	2,705,666	0	2,705,666	8.00
9.00 00900	HOUSEKEEPING	5,906,940	2,626,786	8,533,726	1,436	8,535,162	9.00
10.00 01000	DIETARY	5,317,898	1,881,459	7,199,357	-2,722,297	4,477,060	10.00
11.00 01100	CAFETERIA	0	0	0	2,459,429	2,459,429	11.00
13.00 01300	NURSING ADMINISTRATION	5,558,167	7,312,994	12,871,161	554,084	13,425,245	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,607,115	1,719,672	5,326,787	-65,154	5,261,633	14.00
15.00 01500	PHARMACY	11,364,219	1,560,354	12,924,573	-2,362,367	10,562,206	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,672,865	1,774,743	5,447,608	-26,892	5,420,716	16.00
18.00 01850	PARKING	0	1,121,188	1,121,188	0	1,121,188	18.00
20.00 02000	NURSING SCHOOL	4,948,917	797,489	5,746,406	-650,994	5,095,412	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	13,707,705	1,501,623	15,209,328	-84,043	15,125,285	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,161,087	19,360,498	28,521,585	-782,436	27,739,149	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	488,926	34,184	523,110	-21,749	501,361	23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	126,710	6,867	133,577	-771	132,806	23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	87,998	9,307	97,305	-969	96,336	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	58,057,595	9,036,319	67,093,914	-1,696,993	65,396,921	30.00
31.00 03100	INTENSIVE CARE UNIT	15,669,301	6,707,282	22,376,583	-104,711	22,271,872	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	7,655,666	736,115	8,391,781	-54,081	8,337,700	31.01
41.00 04100	SUBPROVIDER - I&R	3,127,672	358,806	3,486,478	-21,250	3,465,228	41.00
43.00 04300	NURSERY	0	99,850	99,850	3,412,754	3,512,604	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	15,429,368	47,033,234	62,462,602	-37,181,034	25,281,568	50.00
51.00 05100	RECOVERY ROOM	2,862,001	118,009	2,980,010	-18,195	2,961,815	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,774,637	785,353	4,559,990	-1,739,663	2,820,327	52.00
53.00 05300	ANESTHESIOLOGY	476,868	1,636,766	2,113,634	-75,977	2,037,657	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,074,713	14,991,729	33,066,442	-7,792,346	25,274,096	54.00
57.00 05700	CT SCAN	2,155,612	2,148,464	4,304,076	-343,537	3,960,539	57.00
58.00 05800	MRI	2,469,345	2,975,789	5,445,134	-170,120	5,275,014	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,112,855	18,729,749	20,842,604	-18,372,005	2,470,599	59.00
60.00 06000	LABORATORY	10,814,308	15,057,533	25,871,841	-149,259	25,722,582	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	754,392	4,647,891	5,402,283	-5,647	5,396,636	63.00
64.00 06400	INTRAVENOUS THERAPY	1,014,297	417,598	1,431,895	-7,010	1,424,885	64.00
65.00 06500	RESPIRATORY THERAPY	5,990,860	3,834,155	9,825,015	-2,710,137	7,114,878	65.00
66.00 06600	PHYSICAL THERAPY	9,246,439	902,450	10,148,889	-51,279	10,097,610	66.00
68.00 06800	SPEECH PATHOLOGY	496,434	52,649	549,083	-2,746	546,337	68.00
69.00 06900	ELECTROCARDIOLOGY	2,981,807	147,932	3,129,739	-22,754	3,106,985	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	469,015	187,361	656,376	-3,692	652,684	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,435,020	4,435,020	30,216,928	34,651,948	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,425,416	40,425,416	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	37,317,314	37,317,314	613,791	37,931,105	73.00
74.00 07400	RENAL DIALYSIS	137,396	2,391,477	2,528,873	-1,777	2,527,096	74.00
76.00 03950	DIAGNOSTIC SERVICES	2,002,065	3,123,334	5,125,399	-2,076,518	3,048,881	76.00
76.01 03951	ENTEROSTOMAL	356,196	11,945	368,141	-2,081	366,060	76.01
76.02 03952	DIABETIC SERVICE	1,301,813	102,181	1,403,994	-9,040	1,394,954	76.02
76.03 03953	WOUND CARE	567,567	442,440	1,010,007	-88,794	921,213	76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,339,820	114,691	2,454,511	-14,218	2,440,293	76.04
76.05 03954	NEURODIAGNOSTIC CENTER	299,679	183,192	482,871	-1,458	481,413	76.05
76.08 03956	SLEEP DISORDERS	1,230,327	192,376	1,422,703	-17,132	1,405,571	76.08
76.09 03957	PAIN PROGRAM	999,810	457,007	1,456,817	-7,948	1,448,869	76.09
76.10 03958	COMPEPILEPSY	373,816	183,592	557,408	-1,014	556,394	76.10
76.97 07697	CARDIAC REHABILITATION	582,843	32,209	615,052	-3,960	611,092	76.97
76.99 07699	LITHOTRIPSY	0	109,200	109,200	0	109,200	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 09001	VOICE CLINIC	70,774	107,831	178,605	-15,312	163,293	90.01
90.02 09002	LUNG CLINIC	0	23,694	23,694	0	23,694	90.02
90.04 09004	ST JUDE CLINIC	893,461	132,693	1,026,154	-9,687	1,016,467	90.04
90.05 09005	SISTERS CLINIC	154,447	12,302	166,749	-1,079	165,670	90.05
90.06 09006	SPECIAL CLINICS	707,531	367,397	1,074,928	-4,369	1,070,559	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	28,136,858	-169,373	27,967,485	-385,127	27,582,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,153,150	216,374	1,369,524	-5,172	1,364,352	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	40,946	-6,983	33,963	0	33,963	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	745,547	2,294,800	3,040,347	-473,673	2,566,674	105.00
109.00	10900	PANCREAS ACQUISITION	98,801	43,349	142,150	-83,207	58,943	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	297,532,357	550,428,930	847,961,287	3,031,406	850,992,693	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	-18,995	-18,995	51,514	32,519	194.00
194.01	07951	BRADLEY HEALTH SVC	464,461	46,401	510,862	-1,910	508,952	194.01
194.02	07952	COMMUNITY CLINIC	77,548	280,706	358,254	-385	357,869	194.02
194.03	07953	FUND RAISING	0	6,123,029	6,123,029	0	6,123,029	194.03
194.04	07954	OUTREACH PHYSICIAN	11,864,623	19,493,388	31,358,011	-2,798,971	28,559,040	194.04
194.05	07955	PHYSICIAN CONTRACT	135,643	2,557,179	2,692,822	0	2,692,822	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,025,219	1,345,980	3,371,199	187,062	3,558,261	194.07
194.08	07958	INDUSTRIAL REHAB	1,846,874	-541,157	1,305,717	-9,277	1,296,440	194.08
194.10	07960	IN-SCHOOL CLINIC	384,625	-230,359	154,266	-2,042	152,224	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	3,595,920	9,865,986	13,461,906	-457,397	13,004,509	194.13
194.14	07964	MARKETING	0	1,790	1,790	0	1,790	194.14
200.00		TOTAL (SUM OF LINES 118-199)	317,927,270	589,352,878	907,280,148	0	907,280,148	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 11:43 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	2,464,142	21,592,192	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	894,297	27,802,069	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,414,185	104,970,292	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	-470,656	4,273,170	5.01
5.02	00570	ADMITTING	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	0	330,726	5.03
5.04	00550	BUSINESS OFFICE	0	162	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-45,573,224	114,595,218	5.05
6.00	00600	MAINTENANCE & REPAIRS	-596,483	24,783,832	6.00
7.00	00700	OPERATION OF PLANT	-600	9,795,654	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,705,666	8.00
9.00	00900	HOUSEKEEPING	0	8,535,162	9.00
10.00	01000	DIETARY	-509,240	3,967,820	10.00
11.00	01100	CAFETERIA	-203,235	2,256,194	11.00
13.00	01300	NURSING ADMINISTRATION	-1,384,542	12,040,703	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,261,633	14.00
15.00	01500	PHARMACY	-135,043	10,427,163	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-542,219	4,878,497	16.00
18.00	01850	PARKING	-56,358	1,064,830	18.00
20.00	02000	NURSING SCHOOL	-5,095,411	1	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-7,011	15,118,274	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-103,111	27,636,038	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-47,397	453,964	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	-37,960	94,846	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	-5,310	91,026	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,202,877	64,194,044	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,624,909	19,646,963	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-163,831	8,173,869	31.01
41.00	04100	SUBPROVIDER - IRF	0	3,465,228	41.00
43.00	04300	NURSERY	0	3,512,604	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-892,771	24,388,797	50.00
51.00	05100	RECOVERY ROOM	0	2,961,815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,820,327	52.00
53.00	05300	ANESTHESIOLOGY	0	2,037,657	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,877,381	22,396,715	54.00
57.00	05700	CT SCAN	-1,742	3,958,797	57.00
58.00	05800	MRI	-53,775	5,221,239	58.00
59.00	05900	CARDIAC CATHETERIZATION	-30,416	2,440,183	59.00
60.00	06000	LABORATORY	-1,094,930	24,627,652	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,396,636	63.00
64.00	06400	INTRAVENOUS THERAPY	-40,209	1,384,676	64.00
65.00	06500	RESPIRATORY THERAPY	-32,848	7,082,030	65.00
66.00	06600	PHYSICAL THERAPY	-785,800	9,311,810	66.00
68.00	06800	SPEECH PATHOLOGY	0	546,337	68.00
69.00	06900	ELECTROCARDIOLOGY	-644,894	2,462,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	652,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	34,651,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,425,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,122,119	35,808,986	73.00
74.00	07400	RENAL DIALYSIS	0	2,527,096	74.00
76.00	03950	DIGESTIVE DISEASES	-3,500	3,045,381	76.00
76.01	03951	ENTEROSTOMAL	0	366,060	76.01
76.02	03952	DIABETIC SERVICE	-114,621	1,280,333	76.02
76.03	03953	WOUND CARE	-1,161	920,052	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-586,677	1,853,616	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	-161,741	319,672	76.05
76.08	03956	SLEEP DISORDERS	-251,439	1,154,132	76.08
76.09	03957	PAIN PROGRAM	-552,648	896,221	76.09
76.10	03958	COMP EPILEPSY	-255,334	301,060	76.10
76.97	07697	CARDIAC REHABILITATION	-103,382	507,710	76.97
76.99	07699	LITHOTRIPSY	0	109,200	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	VOICE CLINIC	-21,393	141,900	90.01
90.02	09002	LUNG CLINIC	-8,019	15,675	90.02
90.04	09004	ST JUDE CLINIC	-948,419	68,048	90.04
90.05	09005	SISTERS CLINIC	0	165,670	90.05
90.06	09006	SPECIAL CLINICS	-214,869	855,690	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	90.07
91.00	09100	EMERGENCY	-16,949,123	10,633,235	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6.00	7.00	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	-26,079	1,338,273	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	33,963	95.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	-105,520	2,461,154	105.00
109.00	10900 PANCREAS ACQUISITION	-9,423	49,520	109.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-91,705,396	759,287,297	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 SISTERS CONVENT	0	32,519	194.00
194.01	07951 BRADLEY HEALTH SVC	0	508,952	194.01
194.02	07952 COMMUNITY CLINIC	0	357,869	194.02
194.03	07953 FUND RAISING	0	6,123,029	194.03
194.04	07954 OUTREACH PHYSICIAN	-481,405	28,077,635	194.04
194.05	07955 PHYSICIAN CONTRACT	0	2,692,822	194.05
194.07	07957 RESEARCH, WELLNESS, WC	0	3,558,261	194.07
194.08	07958 INDUSTRIAL REHAB	0	1,296,440	194.08
194.10	07960 IN-SCHOOL CLINIC	0	152,224	194.10
194.11	07961 REGIONAL ACTIVITIES	0	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	194.12
194.13	07963 CFH - ASC LLC	0	13,004,509	194.13
194.14	07964 MARKETING	0	1,790	194.14
200.00	TOTAL (SUM OF LINES 118-199)	-92,186,801	815,093,347	200.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 11:43 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CONVENT NON-ALLOW COST					
1.00	SISTERS CONVENT	194.00	51,514	0	1.00
2.00		0.00	0	0	2.00
	0		51,514	0	
B - PATHOLOGIST XVIII CLINICA					
1.00	I&R SERVICES-OTHER PRGM	22.00	40,670	0	1.00
	COSTS APPRV				
	0		40,670	0	
C - COST OF MEDICAL SUPP SOLD					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,301,520	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
	0		0	30,301,520	
D - COST OF IMPLANT DEVICE SOLD					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	40,426,300	1.00
2.00	LABORATORY	60.00	0	884	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
	0		0	40,427,184	
E - COST OF DRUGS CHARGED PTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	609,730	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
	0		0	609,730	
F - RECLASS STD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	494	1.00
2.00	OUTPATIENT REVENUES	5.03	0	709	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	12,535	3.00
4.00	OPERATION OF PLANT	7.00	0	1,552	4.00
5.00	HOUSEKEEPING	9.00	0	18,389	5.00
6.00	DIETARY	10.00	0	3,009	6.00
7.00	NURSING ADMINISTRATION	13.00	0	7,662	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,991	8.00
9.00	PHARMACY	15.00	0	2,325	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	620	10.00
11.00	NURSING SCHOOL	20.00	0	18,685	11.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 11:43 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	740		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	200		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	93,948		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	21,452		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	4,190		16.00
17.00	SUBPROVIDER - IRF	41.00	0	11,419		17.00
18.00	OPERATING ROOM	50.00	0	11,700		18.00
19.00	RECOVERY ROOM	51.00	0	789		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,015		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,433		21.00
22.00	MRI	58.00	0	2,567		22.00
23.00	LABORATORY	60.00	0	12,117		23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,970		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	331		25.00
26.00	RESPIRATORY THERAPY	65.00	0	2,169		26.00
27.00	PHYSICAL THERAPY	66.00	0	10,294		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	4,536		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,495		29.00
30.00	DIGESTIVE DISEASES	76.00	192	0		30.00
31.00	SLEEP DISORDERS	76.08	0	168		31.00
32.00	PAIN PROGRAM	76.09	0	896		32.00
33.00	EMERGENCY	91.00	0	40,457		33.00
34.00	ST JUDE CLINIC	90.04	0	2,307		34.00
35.00	SISTERS CLINIC	90.05	0	915		35.00
36.00	SPECIAL CLINICS	90.06	0	647		36.00
37.00	OUTREACH PHYSICIAN	194.04	0	3,516		37.00
38.00	RESEARCH, WELLNESS, WC	194.07	0	4,830		38.00
			192	339,072		
G - TEACHING SALARIES						
1.00	OUTREACH PHYSICIAN	194.04	818,981	0		1.00
			818,981	0		
H - CON - TRAVEL AND MEETINGS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	59,717		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			0	59,717		
I - CAFETERIA & CATERING EXPENSE						
1.00	CAFETERIA	11.00	1,831,837	648,099		1.00
2.00	RESEARCH, WELLNESS, WC	194.07	151,449	53,582		2.00
			1,983,286	701,681		
J - CENTER FOR HEALTH						
1.00	HOUSEKEEPING	9.00	0	124,261		1.00
			0	124,261		
K - POST TRANSPLANT EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	57,814	59,709		1.00
2.00	ADULTS & PEDIATRICS	30.00	249,216	183,517		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	1,953	2,108		3.00
			308,983	245,334		
L - CON EDUCATIONAL ACTIVITIES						
1.00	NURSING ADMINISTRATION	13.00	513,529	82,752		1.00
			513,529	82,752		
M - EMPLOYEE BENEFITS -OUTREACH PHYSICI						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,583,042		1.00
			0	3,583,042		
N - RECLASS DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,634,359		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	580,140		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
			0	2,214,499		
O - RECLASS PROPERTY INSURANCE						
1.00	OTHER CAP REL COSTS	3.00	0	835,522		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 11:43 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00		0.00	0	0	4.00
			0	835,522	
P - TO RECLASS TEAM AWARDS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,642,477	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
	TOTALS		1,642,477	0	
Q - TEAM AWAD RECLASS CONT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	157,512	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		157,512	0	
R - TO RECLASS ADMIN BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,800,000	0	1.00
	TOTALS		1,800,000	0	
S - TO RECLASS NURSERY COST					
1.00	NURSERY	43.00	3,000,514	412,240	1.00
2.00		0.00	0	0	2.00
	TOTALS		3,000,514	412,240	

Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet A-6 Date/Time Prepared: 2/27/2017 11:43 pm
-----------------------	---	--

		Increases				
Cost Center		Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
500.00	Grand Total : Increases		10,317,658	79,936,554		500.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 11:43 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CONVENT NON-ALLOW COST							
1.00	MAINTENANCE & REPAIRS	6.00	6,675	0	0		1.00
2.00	HOUSEKEEPING	9.00	44,839	0	0		2.00
			51,514	0			
B - PATHOLOGIST XVIII CLINICA							
1.00	LABORATORY	60.00	40,670	0	0		1.00
			40,670	0			
C - COST OF MEDICAL SUPP SOLD							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	35,747	0		1.00
2.00	PHARMACY	15.00	0	1,890,586	0		2.00
3.00	OPERATING ROOM	50.00	0	12,913,582	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	70,532	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,120,069	0		5.00
6.00	CT SCAN	57.00	0	317,423	0		6.00
7.00	MRI	58.00	0	152,130	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	5,299,743	0		8.00
9.00	LABORATORY	60.00	0	22,663	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	2,668,262	0		10.00
11.00	DIGESTIVE DISEASES	76.00	0	1,531,935	0		11.00
12.00	EMERGENCY	91.00	0	278,848	0		12.00
			0	30,301,520			
D - COST OF IMPLANT DEVICE SOLD							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	20	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,505	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	908	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	694	0		4.00
5.00	OPERATING ROOM	50.00	0	24,117,455	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,818	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	2,440	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,525,990	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	13,053,765	0		9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	84,592	0		10.00
11.00	DIGESTIVE DISEASES	76.00	0	520,681	0		11.00
12.00	WOUND CARE	76.03	0	82,604	0		12.00
13.00	PAIN PROGRAM	76.09	0	2,086	0		13.00
14.00	VOICE CLINIC	90.01	0	14,973	0		14.00
15.00	EMERGENCY	91.00	0	2,769	0		15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	884	0		16.00
			0	40,427,184			
E - COST OF DRUGS CHARGED PTS							
1.00	PHARMACY	15.00	0	451,461	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,291	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	8,349	0		3.00
4.00	OPERATING ROOM	50.00	0	43,403	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,963	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,189	0		6.00
7.00	CT SCAN	57.00	0	12,195	0		7.00
8.00	MRI	58.00	0	3,614	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	5,989	0		9.00
10.00	LABORATORY	60.00	0	867	0		10.00
11.00	INTRAVENOUS THERAPY	64.00	0	1,076	0		11.00
12.00	RENAL DIALYSIS	74.00	0	1,006	0		12.00
13.00	DIGESTIVE DISEASES	76.00	0	9,945	0		13.00
14.00	WOUND CARE	76.03	0	1,681	0		14.00
15.00	ST JUDE CLINIC	90.04	0	3,304	0		15.00
16.00	EMERGENCY	91.00	0	4,397	0		16.00
			0	609,730			
F - RECLASS STD							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	494	0	0		1.00
2.00	OUTPATIENT REVENUES	5.03	709	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	12,535	0	0		3.00
4.00	OPERATION OF PLANT	7.00	1,552	0	0		4.00
5.00	HOUSEKEEPING	9.00	18,389	0	0		5.00
6.00	DIETARY	10.00	3,009	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	7,662	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	6,991	0	0		8.00
9.00	PHARMACY	15.00	2,325	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	620	0	0		10.00
11.00	NURSING SCHOOL	20.00	18,685	0	0		11.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 11:43 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	740	0	0	12.00	
13.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	200	0	0	13.00	
14.00	ADULTS & PEDIATRICS	30.00	93,948	0	0	14.00	
15.00	INTENSIVE CARE UNIT	31.00	21,452	0	0	15.00	
16.00	NEONATAL INTENSIVE CARE UNIT	31.01	4,190	0	0	16.00	
17.00	SUBPROVIDER - IRF	41.00	11,419	0	0	17.00	
18.00	OPERATING ROOM	50.00	11,700	0	0	18.00	
19.00	RECOVERY ROOM	51.00	789	0	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	17,015	0	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	14,433	0	0	21.00	
22.00	MRI	58.00	2,567	0	0	22.00	
23.00	LABORATORY	60.00	12,117	0	0	23.00	
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	2,970	0	0	24.00	
25.00	INTRAVENOUS THERAPY	64.00	331	0	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	2,169	0	0	26.00	
27.00	PHYSICAL THERAPY	66.00	10,294	0	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	4,536	0	0	28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	1,495	0	0	29.00	
30.00	DIGESTIVE DISORDERS	76.00	0	192	0	30.00	
31.00	SLEEP DISORDERS	76.08	168	0	0	31.00	
32.00	PAIN PROGRAM	76.09	896	0	0	32.00	
33.00	EMERGENCY	91.00	40,457	0	0	33.00	
34.00	ST JUDE CLINIC	90.04	2,307	0	0	34.00	
35.00	SISTERS CLINIC	90.05	915	0	0	35.00	
36.00	SPECIAL CLINICS	90.06	647	0	0	36.00	
37.00	OUTREACH PHYSICIAN	194.04	3,516	0	0	37.00	
38.00	RESEARCH, WELLNESS, WC	194.07	4,830	0	0	38.00	
			339,072	192			
G - TEACHING SALARIES							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	818,981	0	0	1.00	
			818,981	0			
H - CON - TRAVEL AND MEETINGS							
1.00	NURSING SCHOOL	20.00	0	38,491	0	1.00	
2.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	20,257	0	2.00	
3.00	PARAMEDICAL EDUC DIETARY	23.02	0	969	0	3.00	
			0	59,717			
I - CAFETERIA & CATERING EXPENSE							
1.00	DIETARY	10.00	1,983,286	701,681	0	1.00	
2.00		0.00	0	0	0	2.00	
			1,983,286	701,681			
J - CENTER FOR HEALTH							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	124,261	0	1.00	
			0	124,261			
K - POST TRANSPLANT EXPENSE							
1.00	KIDNEY ACQUISITION	105.00	226,587	244,587	0	1.00	
2.00	PANCREAS ACQUISITION	109.00	82,396	747	0	2.00	
3.00		0.00	0	0	0	3.00	
			308,983	245,334			
L - CON EDUCATIONAL ACTIVITIES							
1.00	NURSING SCHOOL	20.00	513,529	82,752	0	1.00	
			513,529	82,752			
M - EMPLOYEE BENEFITS -OUTREACH PHYSICIAN							
1.00	OUTREACH PHYSICIAN	194.04	0	3,583,042	0	1.00	
			0	3,583,042			
N - RECLASS DEPRECIATION EXPENSE							
1.00		0.00	0	0	9	1.00	
2.00		0.00	0	0	9	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	632,579	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	1,214,165	0	4.00	
5.00	SLEEP DISORDERS	76.08	0	7,575	0	5.00	
6.00	COMP EPILEPSY	76.10	0	114	0	6.00	
7.00	SPECIAL CLINICS	90.06	0	249	0	7.00	
8.00	OUTREACH PHYSICIAN	194.04	0	12,269	0	8.00	
9.00	CFH - ASC LLC	194.13	0	347,548	0	9.00	
			0	2,214,499			

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 11:43 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
O - RECLASS PROPERTY INSURANCE						
1.00	0.00	0	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	722,113	12	2.00
3.00	OUTREACH PHYSICIAN	194.04	0	3,560	12	3.00
4.00	CFH - ASC LLC	194.13	0	109,849	12	4.00
			0	835,522		
P - TO RECLASS TEAM AWARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	13,374	0	0	1.00
2.00	OUTPATIENT REVENUES	5.03	4,169	0	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	92,782	0	0	3.00
4.00	OPERATION OF PLANT	7.00	10,912	0	0	4.00
5.00	HOUSEKEEPING	9.00	77,986	0	0	5.00
6.00	DIETARY	10.00	37,330	0	0	6.00
7.00	CAFETERIA	11.00	20,507	0	0	7.00
8.00	NURSING ADMINISTRATION	13.00	42,197	0	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	17,902	0	0	9.00
10.00	PHARMACY	15.00	20,320	0	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	26,892	0	0	11.00
12.00	NURSING SCHOOL	20.00	16,222	0	0	12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	84,043	0	0	13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	4,125	0	0	14.00
15.00	PARAMEDICAL EDUCATION PROGRAM	23.00	1,492	0	0	15.00
16.00	PARAMEDICAL EDUC X-RAY	23.01	771	0	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	404,150	0	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	104,017	0	0	18.00
19.00	NEONATAL INTENSIVE CARE UNIT	31.01	45,732	0	0	19.00
20.00	SUBPROVIDER - IRF	41.00	21,250	0	0	20.00
21.00	OPERATING ROOM	50.00	106,594	0	0	21.00
22.00	RECOVERY ROOM	51.00	18,195	0	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	25,505	0	0	23.00
24.00	ANESTHESIOLOGY	53.00	3,005	0	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	104,098	0	0	25.00
26.00	CT SCAN	57.00	13,919	0	0	26.00
27.00	MRI	58.00	14,376	0	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	12,508	0	0	28.00
29.00	LABORATORY	60.00	85,943	0	0	29.00
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	5,647	0	0	30.00
31.00	INTRAVENOUS THERAPY	64.00	5,934	0	0	31.00
32.00	RESPIRATORY THERAPY	65.00	41,875	0	0	32.00
33.00	PHYSICAL THERAPY	66.00	51,279	0	0	33.00
34.00	SPEECH PATHOLOGY	68.00	2,746	0	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	22,754	0	0	35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	3,692	0	0	36.00
37.00	RENAL DIALYSIS	74.00	771	0	0	37.00
38.00	DIGESTIVE DISEASES	76.00	13,957	0	0	38.00
39.00	ENTEROSTOMAL	76.01	2,081	0	0	39.00
40.00	DIABETIC SERVICE	76.02	9,040	0	0	40.00
41.00	WOUND CARE	76.03	4,509	0	0	41.00
42.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	14,218	0	0	42.00
43.00	NEURODIAGNOSTIC CENTER	76.05	1,458	0	0	43.00
44.00	SLEEP DISORDERS	76.08	9,557	0	0	44.00
45.00	PAIN PROGRAM	76.09	5,862	0	0	45.00
46.00	COMPEPILEPSY	76.10	900	0	0	46.00
47.00	CARDIAC REHABILITATION	76.97	3,960	0	0	47.00
48.00	VOICE CLINIC	90.01	339	0	0	48.00
49.00	ST JUDE CLINIC	90.04	6,383	0	0	49.00
50.00	SISTERS CLINIC	90.05	1,079	0	0	50.00
51.00	SPECIAL CLINICS	90.06	4,120	0	0	51.00
	TOTALS		1,642,477	0		
Q - TEAM AWAD RECLASS CONT						
1.00	EMERGENCY	91.00	99,113	0	0	1.00
2.00	OBSERVATION BEDS (DISTINCT PART)	92.01	5,172	0	0	2.00
3.00	KIDNEY ACQUISITION	105.00	2,499	0	0	3.00
4.00	PANCREAS ACQUISITION	109.00	64	0	0	4.00
5.00	BRADLEY HEALTH SVC	194.01	1,910	0	0	5.00
6.00	COMMUNITY CLINIC	194.02	385	0	0	6.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 11:43 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	OUTREACH PHYSICIAN	194.04	19,081	0	0		7.00
8.00	RESEARCH, WELLNESS, WC	194.07	17,969	0	0		8.00
9.00	INDUSTRIAL REHAB	194.08	9,277	0	0		9.00
10.00	IN-SCHOOL CLINIC	194.10	2,042	0	0		10.00
	TOTALS		157,512	0			
R - TO RECLASS ADMIN BONUS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,800,000	0	0		1.00
	TOTALS		1,800,000	0			
S - TO RECLASS NURSERY COST							
1.00	ADULTS & PEDIATRICS	30.00	1,500,257	206,120	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,500,257	206,120	0		2.00
	TOTALS		3,000,514	412,240			
500.00	Grand Total: Decreases		10,656,538	79,597,674			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,377,798	415,172	0	415,172	0	1.00
2.00	Land Improvements	11,740,302	21,084	0	21,084	2,418,124	2.00
3.00	Buildings and Fixtures	645,675,579	37,145,460	0	37,145,460	28,717,839	3.00
4.00	Building Improvements	5,363,099	0	0	0	2,338,997	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	280,967,707	19,759,648	0	19,759,648	44,892,188	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	953,124,485	57,341,364	0	57,341,364	78,367,148	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	953,124,485	57,341,364	0	57,341,364	78,367,148	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,792,970	0				1.00
2.00	Land Improvements	9,343,262	0				2.00
3.00	Buildings and Fixtures	654,103,200	0				3.00
4.00	Building Improvements	3,024,102	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	255,835,167	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	932,098,701	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	932,098,701	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
2/27/2017 11:43 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	16,892,303	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,093,498	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	42,985,801	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	16,892,303				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,093,498				2.00
3.00	Total (sum of lines 1-2)	0	42,985,801				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
2/27/2017 11:43 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	657,127,302	0	657,127,302	0.719775	601,388	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	255,835,167	0	255,835,167	0.280225	234,134	2.00
3.00	Total (sum of lines 1-2)	912,962,469	0	912,962,469	1.000000	835,522	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	601,388	20,990,804	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	234,134	27,567,935	0	2.00
3.00	Total (sum of lines 1-2)	0	0	835,522	48,558,739	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	601,388	0	0	21,592,192	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	234,134	0	0	27,802,069	2.00
3.00	Total (sum of lines 1-2)	0	835,522	0	0	49,394,261	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/27/2017 11:43 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)	B	-124		LABORATORY	60.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-13,347		OTHER ADMINISTRATIVE AND GENERAL	5.05		0	8.00
9.00 Parking lot (chapter 21)	A	-56,358		PARKING	18.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-29,806,508					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	-13,451,202					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	B	-13,400		DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-300,543		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-4,953,240		NURSING SCHOOL	20.00		0	19.00
20.00 Vending machines	B	-120,437		CAFETERIA	11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-817,062		OTHER ADMINISTRATIVE AND GENERAL	5.05		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-101,710		CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP				CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist				*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant				0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00		0	32.00
33.00 WORKERS COMP CHARGES W/O	A	-212,531		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.08	COMM CLINIC VENDOR COST	A	2,308	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.08
34.03	VENDING MACHINE COMMISSIONS	B	-12,028	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 34.03
34.05	UNEMPLOYMENT COMPENSATION NET	A	33,236	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 34.05
34.06	OTHER REVENUE OFFSET	B	-5,481	MAINTENANCE & REPAIRS	6.00	0 34.06
35.00	TUITION LAB TECH SCHOOL	B	-47,331	PARAMEDICAL EDUCATION PROGRAM	23.00	0 35.00
35.01	TUITION X-RAY TECH SCHOOL	B	-37,960	PARAMEDICAL EDUC X-RAY	23.01	0 35.01
35.02	TUITION & FEE DIETICIAN SCHOOL	B	-5,310	PARAMEDICAL EDUC DIETARY	23.02	0 35.02
35.03	INTEREST INCOME OFFSET - DIETARY	B	-10	DIETARY	10.00	0 35.03
35.04	CATERING REVENUE	B	-453,176	DIETARY	10.00	0 35.04
36.00	CONTRACT PHARMACY	A	-2,108,719	DRUGS CHARGED TO PATIENTS	73.00	0 36.00
37.00	BRANDING REVENUE	B	-82,798	CAFETERIA	11.00	0 37.00
37.01	LOBBYING COSTS - ASSOC DUES - ADMIN	A	-62,663	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 37.01
38.00	OTHER REVENUE OFFSET	B	-25,390	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00
38.01	OTHER REVENUE OFFSET	B	-182,245	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 38.01
38.02	OTHER REVENUE OFFSET	B	-8,000	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 38.02
39.00	OTHER REVENUE OFFSET	B	-56,054	DIETARY	10.00	0 39.00
39.01	OTHER REVENUE OFFSET	B	-4,125	NURSING ADMINISTRATION	13.00	0 39.01
39.02	OTHER REVENUE OFFSET	B	-4,460	RESPIRATORY THERAPY	65.00	0 39.02
40.00	OTHER REVENUE OFFSET	B	-1,979	LABORATORY	60.00	0 40.00
40.01	OTHER REVENUE OFFSET	B	-97,452	NURSING SCHOOL	20.00	0 40.01
40.02	OTHER REVENUE OFFSET	B	-3,417	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.02
40.03	OTHER REVENUE OFFSET	B	-3,500	DIGESTIVE DISEASES	76.00	0 40.03
40.04	OTHER REVENUE OFFSET	B	-56,388	RADIOLOGY-DIAGNOSTIC	54.00	0 40.04
40.06	OTHER REVENUE OFFSET	B	-4,012	PHYSICAL THERAPY	66.00	0 40.06
40.07	OTHER REVENUE OFFSET	B	-73,085	DIABETIC SERVICE	76.02	0 40.07
40.09	OTHER REVENUE OFFSET	B	-1,161	WOUND CARE	76.03	0 40.09
40.12	OTHER REVENUE OFFSET	B	-2,887	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 40.12
40.13	OTHER REVENUE OFFSET	B	-1,500	PAIN PROGRAM	76.09	0 40.13
40.14	OTHER REVENUE OFFSET	B	-840	COMP EPILEPSY	76.10	0 40.14
40.15	OTHER REVENUE OFFSET	B	-941,186	ST JUDE CLINIC	90.04	0 40.15
40.16	OTHER REVENUE OFFSET	B	-258,011	EMERGENCY	91.00	0 40.16
40.17	OTHER REVENUE OFFSET	B	-600	OPERATION OF PLANT	7.00	0 40.17
40.20	CAT EKG STORAGE FEE	B	-643,669	ELECTROCARDIOLOGY	69.00	0 40.20
40.21	MEDI CAID ASSESSMENT TAX	A	-30,097,096	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.21
40.23	NON-ALLOWABLE MARKETING	A	-88,355	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.23
40.24	NON-ALLOWABLE MARKETING	A	-12,071	NURSING ADMINISTRATION	13.00	0 40.24
40.27	NON-ALLOWABLE MARKETING	A	-44,719	NURSING SCHOOL	20.00	0 40.27
40.29	NON-ALLOWABLE MARKETING	A	-66	PARAMEDICAL EDUCATION PROGRAM	23.00	0 40.29
40.30	NON-ALLOWABLE MARKETING	A	-1,856	ADULTS & PEDIATRICS	30.00	0 40.30
40.31	NON-ALLOWABLE MARKETING	A	-260	NEONATAL INTENSIVE CARE UNIT	31.01	0 40.31
40.35	NON-ALLOWABLE MARKETING	A	-125	RADIOLOGY-DIAGNOSTIC	54.00	0 40.35
40.37	NON-ALLOWABLE MARKETING	A	-1,742	CT SCAN	57.00	0 40.37
40.38	NON-ALLOWABLE MARKETING	A	-136	LABORATORY	60.00	0 40.38
40.40	NON-ALLOWABLE MARKETING	A	-19	RESPIRATORY THERAPY	65.00	0 40.40
40.44	NON-ALLOWABLE MARKETING	A	-3,489	PHYSICAL THERAPY	66.00	0 40.44
40.46	NON-ALLOWABLE MARKETING	A	-8,019	LUNG CLINIC	90.02	0 40.46
40.47	NON-ALLOWABLE MARKETING	A	-8,035	SPECIAL CLINICS	90.06	0 40.47
40.48	NON-ALLOWABLE MARKETING	A	-6,902	EMERGENCY	91.00	0 40.48
40.49	NON-ALLOWABLE MARKETING	A	-866	KIDNEY ACQUISITION	105.00	0 40.49
40.50	MOONLIGHTING RESIDENTS	A	-99,694	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.50
40.51	MOONLIGHTING RESIDENTS	A	-116,275	ADULTS & PEDIATRICS	30.00	0 40.51
41.00	MOONLIGHTING RESIDENTS	A	-1,491	RADIOLOGY-DIAGNOSTIC	54.00	0 41.00
41.02	MOONLIGHTING RESIDENTS	A	-46,299	MRI	58.00	0 41.02
41.03	MOONLIGHTING RESIDENTS	A	-600	INTRAVENOUS THERAPY	64.00	0 41.03
41.04	MOONLIGHTING RESIDENTS	A	-2,220	EMERGENCY	91.00	0 41.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/27/2017 11:43 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
41.05	MOONLIGHTING RESIDENTS	A	-24,900	OBSERVATION BEDS (DISTINCT PART)	92.01	0 41.05
41.07	MOONLIGHTING RESIDENTS - EB OFFSET	A	-49,551	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.07
41.08	CLINIC PSYCH SAL PART B OFFSET	A	-413,871	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 41.08
41.09	CLINIC PSYCH PART B OFFSET BE	A	-70,358	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0 41.09
41.10	TELEPHONE AND TELEGRAPH OFFSET	A	-372	OPERATING ROOM	50.00	0 41.10
41.11	TELEPHONE AND TELEGRAPH OFFSET	A	-8,038	RADIOLOGY-DIAGNOSTIC	54.00	0 41.11
41.12	TELEPHONE AND TELEGRAPH OFFSET	A	-3,662	PHYSICAL THERAPY	66.00	0 41.12
41.13	TELEPHONE AND TELEGRAPH OFFSET	A	-136	ELECTROCARDIOLOGY	69.00	0 41.13
41.14	TELEPHONE AND TELEGRAPH OFFSET	A	-131	SLEEP DISORDERS	76.08	0 41.14
41.15	TELEPHONE AND TELEGRAPH OFFSET	A	-94	COMPILEPSY	76.10	0 41.15
41.16	TELEPHONE AND TELEGRAPH OFFSET	A	-3	EMERGENCY	91.00	0 41.16
41.17	TELEPHONE AND TELEGRAPH OFFSET - SAL	A	-51,991	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.17
41.18	TELEPHONE AND TELEGRAPH OFFSET - EB	A	-17,792	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.18
41.19	DONATIONS	A	-2,271,663	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.19
41.20	PART B PHYSICIAN COMPENSATION	A	-3,450,251	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.20
41.21	ENTERTAINMENT EXPENSES	A	-7,011	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 41.21
41.22	ENTERTAINMENT EXPENSES	A	-48	NURSING ADMINISTRATION	13.00	0 41.22
41.23	PROPERTY TAX	A	-104,293	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.23
41.24	PROPERTY TAX	A	-8,896	SPECIAL CLINICS	90.06	0 41.24
41.25	RENTS/LEASE PROP TAX	A	-20,437	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.25
41.26	RENTS/LEASE PROP TAX	A	-74,256	RADIOLOGY-DIAGNOSTIC	54.00	0 41.26
41.27	RENTS/LEASE PROP TAX	A	-34,335	INTRAVENOUS THERAPY	64.00	0 41.27
41.28	RENTS/LEASE PROP TAX	A	-7,907	RESPIRATORY THERAPY	65.00	0 41.28
41.29	RENTS/LEASE PROP TAX	A	-7,233	ST JUDE CLINIC	90.04	0 41.29
41.30	RETIREMENT GIFTS	A	-22,882	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.30
42.00			0		0.00	0 42.00
42.01			0		0.00	0 42.01
42.02			0		0.00	0 42.02
42.03			0		0.00	0 42.03
42.04			0		0.00	0 42.04
42.05			0		0.00	0 42.05
42.06			0		0.00	0 42.06
42.07			0		0.00	0 42.07
43.00			0		0.00	0 43.00
43.03			0		0.00	0 43.03
43.04			0		0.00	0 43.04
43.06			0		0.00	0 43.06
44.00			0		0.00	0 44.00
45.00			0		0.00	0 45.00
45.01			0		0.00	0 45.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-92,186,801			0 50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet A-8-1 Date/Time Prepared: 2/27/2017 11:43 pm
---	-----------------------	---------------------------------------	---

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES - BLDG	2,565,852	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES - EQUIP	12,825,756	11,931,459
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFCE EMPLOYEE BENEFITS	15,206,092	18,658,048
3.01	5.01	PURCHASING RECEIVING AND STO	CORP OFCE CENTRAL PURCHASING	2,073,272	2,543,928
3.02	5.05	OTHER ADMINISTRATIVE AND GEN	CORP/SF INC ADMIN ALLOCATION	73,044,586	89,626,539
3.03	6.00	MAINTENANCE & REPAIRS	CORP OFFICE CHARGES - MAINT	2,003,952	2,458,872
3.04	13.00	NURSING ADMINISTRATION	CORP OFFICE CHARGES - NURS A	5,406,890	6,634,316
3.05	5.05	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	6,349,003	0
3.06	5.05	OTHER ADMINISTRATIVE AND GEN	SFI CHARGES - A&G	464,768	887,862
3.07	6.00	MAINTENANCE & REPAIRS	SFI CHARGES - EQUIP TECH	2,703,523	2,839,605
4.00	58.00	MRI	SFI CHARGES - MRI MOBILE	7,554	10,000
4.01	59.00	CARDIAC CATHETERIZATION	SFI CHARGES - EQUIP TECH	604,265	634,681
4.02	194.04	OUTREACH PHYSICIAN	SF INC PHYSICIAN MGMT	11,244,570	11,725,975
4.03	59.00	CARDIAC CATHETERIZATION	EICU CHARGES	2,405,957	2,405,957
4.04	0.00			0	0
4.05	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			136,906,040	150,357,242

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

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

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

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

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

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

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

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

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 11:43 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,565,852	9		1.00
2.00	894,297	9		2.00
3.00	-3,451,956	0		3.00
3.01	-470,656	0		3.01
3.02	-16,581,953	0		3.02
3.03	-454,920	0		3.03
3.04	-1,227,426	0		3.04
3.05	6,349,003	0		3.05
3.06	-423,094	0		3.06
3.07	-136,082	0		3.07
4.00	-2,446	0		4.00
4.01	-30,416	0		4.01
4.02	-481,405	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
5.00	-13,451,202			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
2/27/2017 11:43 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	392,726	81,137	311,589	171,400	2,535	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	1,839,595	731,053	1,108,541	171,400	7,476	2.00
3.00	13.00	NURSING ADMINISTRATION	150,925	133,610	17,315	171,400	122	3.00
4.00	15.00	PHARMACY	242,827	48,068	194,759	171,400	1,308	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	315,427	174,832	140,594	171,400	895	5.00
6.00	30.00	ADULTS & PEDIATRICS	1,095,294	1,028,411	66,883	171,400	128	6.00
7.00	31.00	INTENSIVE CARE UNIT	2,677,153	2,476,948	200,204	171,400	634	7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	163,571	163,571	0	0	0	8.00
9.00	50.00	OPERATING ROOM	1,052,539	22,531	1,030,008	204,100	1,632	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	2,817,079	2,692,079	125,000	231,100	720	11.00
12.00	58.00	MRI	5,030	5,030	0	0	0	12.00
13.00	60.00	LABORATORY	1,231,754	1,092,691	139,063	219,500	1,318	13.00
14.00	64.00	INTRAVENOUS THERAPY	13,185	3,185	10,000	171,400	96	14.00
15.00	65.00	RESPIRATORY THERAPY	20,462	20,462	0	0	0	15.00
16.00	66.00	PHYSICAL THERAPY	817,734	720,812	96,922	171,400	523	16.00
17.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	9,000	0	9,000	171,400	96	18.00
19.00	76.02	DIABETIC SERVICE	41,536	41,536	0	0	0	19.00
20.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	99,561	99,561	0	0	0	20.00
21.00	76.05	NEURODIAGNOSTIC CENTER	176,821	151,149	25,672	171,400	183	21.00
22.00	76.08	SLEEP DISORDERS	259,136	211,340	47,796	171,400	95	22.00
23.00	76.09	PAIN PROGRAM	585,593	515,401	70,192	171,400	418	23.00
24.00	76.10	COMPEPILEPSY	263,794	243,290	20,504	171,400	114	24.00
25.00	76.97	CARDIAC REHABILITATION	118,874	96,038	22,836	171,400	188	25.00
26.00	90.01	VOICE CLINIC	44,136	0	44,136	171,400	276	26.00
27.00	90.06	SPECIAL CLINICS	203,212	196,768	6,444	171,400	64	27.00
28.00	90.07	PALLIATIVE CARE CLINIC	0	0	0	0	0	28.00
29.00	91.00	EMERGENCY	17,208,877	15,920,491	1,288,385	171,400	6,394	29.00
30.00	92.01	OBSERVATION BEDS (DISTINCT PART)	1,179	1,179	0	0	0	30.00
31.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	31.00
32.00	105.00	KIDNEY ACQUISITION	172,066	0	172,066	204,100	687	32.00
33.00	109.00	PANCREAS ACQUISITION	15,507	0	15,507	204,100	62	33.00
200.00			32,034,593	26,871,173	5,163,416		25,964	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	208,894	10,445	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	616,051	30,803	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	10,053	503	0	0	0	3.00
4.00	15.00	PHARMACY	107,784	5,389	0	0	0	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	73,751	3,688	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	10,548	527	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	52,244	2,612	0	0	0	7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	160,140	8,007	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	79,996	4,000	0	0	0	11.00
12.00	58.00	MRI	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	139,087	6,954	0	0	0	13.00
14.00	64.00	INTRAVENOUS THERAPY	7,911	396	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	15.00
16.00	66.00	PHYSICAL THERAPY	43,097	2,155	0	0	0	16.00
17.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	7,911	396	0	0	0	18.00
19.00	76.02	DIABETIC SERVICE	0	0	0	0	0	19.00
20.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	20.00
21.00	76.05	NEURODIAGNOSTIC CENTER	15,080	754	0	0	0	21.00
22.00	76.08	SLEEP DISORDERS	7,828	391	0	0	0	22.00
23.00	76.09	PAIN PROGRAM	34,445	1,722	0	0	0	23.00
24.00	76.10	COMPEPILEPSY	9,394	470	0	0	0	24.00
25.00	76.97	CARDIAC REHABILITATION	15,492	775	0	0	0	25.00
26.00	90.01	VOICE CLINIC	22,743	1,137	0	0	0	26.00
27.00	90.06	SPECIAL CLINICS	5,274	264	0	0	0	27.00
28.00	90.07	PALLIATIVE CARE CLINIC	0	0	0	0	0	28.00
29.00	91.00	EMERGENCY	526,890	26,345	0	0	0	29.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
2/27/2017 11:43 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
30.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	30.00
31.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	31.00
32.00	105.00	KIDNEY ACQUISITION	67,412	3,371	0	0	0	32.00
33.00	109.00	PANCREAS ACQUISITION	6,084	304	0	0	0	33.00
200.00			2,228,109	111,408	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	208,894	102,695	183,832		1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	616,051	492,490	1,223,544		2.00
3.00	13.00	NURSING ADMINISTRATION	0	10,053	7,262	140,872		3.00
4.00	15.00	PHARMACY	0	107,784	86,975	135,043		4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	0	73,751	66,843	241,676		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	10,548	56,335	1,084,746		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	52,244	147,960	2,624,909		7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	163,571		8.00
9.00	50.00	OPERATING ROOM	0	160,140	869,868	892,399		9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	79,996	45,004	2,737,083		11.00
12.00	58.00	MRI	0	0	0	5,030		12.00
13.00	60.00	LABORATORY	0	139,087	0	1,092,691		13.00
14.00	64.00	INTRAVENOUS THERAPY	0	7,911	2,089	5,274		14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	20,462		15.00
16.00	66.00	PHYSICAL THERAPY	0	43,097	53,825	774,637		16.00
17.00	68.00	SPEECH PATHOLOGY	0	0	0	0		17.00
18.00	69.00	ELECTROCARDIOLOGY	0	7,911	1,089	1,089		18.00
19.00	76.02	DIABETIC SERVICE	0	0	0	41,536		19.00
20.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	99,561		20.00
21.00	76.05	NEURO DIAGNOSTIC CENTER	0	15,080	10,592	161,741		21.00
22.00	76.08	SLEEP DISORDERS	0	7,828	39,968	251,308		22.00
23.00	76.09	PAIN PROGRAM	0	34,445	35,747	551,148		23.00
24.00	76.10	COMP EPILEPSY	0	9,394	11,110	254,400		24.00
25.00	76.97	CARDIAC REHABILITATION	0	15,492	7,344	103,382		25.00
26.00	90.01	VOICE CLINIC	0	22,743	21,393	21,393		26.00
27.00	90.06	SPECIAL CLINICS	0	5,274	1,170	197,938		27.00
28.00	90.07	PALLIATIVE CARE CLINIC	0	0	0	0		28.00
29.00	91.00	EMERGENCY	0	526,890	761,495	16,681,987		29.00
30.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	1,179		30.00
31.00	95.00	AMBULANCE SERVICES	0	0	0	0		31.00
32.00	105.00	KIDNEY ACQUISITION	0	67,412	104,654	104,654		32.00
33.00	109.00	PANCREAS ACQUISITION	0	6,084	9,423	9,423		33.00
200.00			0	2,228,109	2,935,331	29,806,508		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	21,592,192	21,592,192			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	27,802,069		27,802,069		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	104,970,292	127,131	816	105,098,239	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	4,273,170	59,187	17,997	353,321	4,703,675
5.02 00570	ADMITTING	0	98,025	0	0	0
5.03 00540	OUTPATIENT REVENUES	330,726	27,448	950	105,630	1,939
5.04 00550	BUSINESS OFFICE	162	0	0	0	0
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	114,595,218	1,661,700	16,260,317	6,940,000	208,919
6.00 00600	MAINTENANCE & REPAIRS	24,783,832	3,844,825	1,273,504	1,975,160	862,333
7.00 00700	OPERATION OF PLANT	9,795,654	363,745	132,454	903,524	256,173
8.00 00800	LAUNDRY & LINEN SERVICE	2,705,666	48,037	0	78,600	957
9.00 00900	HOUSEKEEPING	8,535,162	162,560	12,694	2,033,975	221,376
10.00 01000	DIETARY	3,967,820	150,220	34,318	1,162,121	16,660
11.00 01100	CAFETERIA	2,256,194	78,934	18,538	638,983	8,173
13.00 01300	NURSING ADMINISTRATION	12,040,703	205,329	280,181	2,077,190	33,329
14.00 01400	CENTRAL SERVICES & SUPPLY	5,261,633	424,657	386,352	1,263,700	278,513
15.00 01500	PHARMACY	10,427,163	1,236,402	272,781	3,984,010	53,313
16.00 01600	MEDICAL RECORDS & LIBRARY	4,878,497	153,068	473	1,237,120	1,472
18.00 01850	PARKING	1,064,830	709	507,055	0	843
20.00 02000	NURSING SCHOOL	1	935,400	121,864	1,552,358	21,337
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	15,118,274	962,553	0	4,805,758	8,685
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	27,636,038	55,470	5,016	2,955,535	1,618
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	453,964	6,939	0	171,952	185
23.01 02301	PARAMEDICAL EDUC X-RAY	94,846	15,522	0	44,428	0
23.02 02302	PARAMEDICAL EDUC DIETARY	91,026	12,861	0	31,043	75
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	64,194,044	3,782,790	515,684	19,767,177	1,090,334
31.00 03100	INTENSIVE CARE UNIT	19,646,963	541,720	377,082	5,320,619	444,844
31.01 02060	NEONATAL INTENSIVE CARE UNIT	8,173,869	371,526	285,790	2,625,375	88,439
41.00 04100	SUBPROVIDER - I&R	3,465,228	60,203	17,585	1,091,824	64,399
43.00 04300	NURSERY	3,512,604	16,658	0	1,058,492	10,458
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	24,388,797	1,319,694	1,245,296	5,401,288	252,093
51.00 05100	RECOVERY ROOM	2,961,815	72,008	9,099	1,002,931	7,421
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,820,327	167,480	109,426	787,333	32,938
53.00 05300	ANESTHESIOLOGY	2,037,657	17,073	230,188	167,165	23,409
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,396,715	1,063,346	2,324,981	5,525,285	77,433
57.00 05700	CT SCAN	3,958,797	51,326	88,073	755,525	7,883
58.00 05800	MRI	5,221,239	204,835	190,194	862,068	6,133
59.00 05900	CARDIAC CATHETERIZATION	2,440,183	112,331	429,305	740,939	13,858
60.00 06000	LABORATORY	24,627,652	450,179	663,172	3,766,024	23,781
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	5,396,636	101,435	828	263,087	215
64.00 06400	INTRAVENOUS THERAPY	1,384,676	29,854	16,403	354,480	5,840
65.00 06500	RESPIRATORY THERAPY	7,082,030	108,708	259,304	2,090,640	9,683
66.00 06600	PHYSICAL THERAPY	9,311,810	365,710	265,509	2,977,479	66,996
68.00 06800	SPEECH PATHOLOGY	546,337	18,450	13,170	174,158	1,963
69.00 06900	ELECTROCARDIOLOGY	2,462,091	112,224	88,823	1,042,265	3,743
70.00 07000	ELECTROENCEPHALOGRAPHY	652,684	3,276	22,080	163,623	1,309
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,651,948	0	0	0	205,394
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	40,425,416	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	35,808,986	0	8,558	689	0
74.00 07400	RENAL DIALYSIS	2,527,096	34,560	4,033	48,197	3,043
76.00 03950	DIGESTIVE DISEASES	3,045,381	122,131	382,263	701,413	114,390
76.01 03951	ENTEROSTOMAL	366,060	0	0	124,921	5
76.02 03952	DIABETIC SERVICE	1,280,333	60,457	4,738	441,399	1,736
76.03 03953	WOUND CARE	920,052	57,970	8,116	198,630	8,810
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,853,616	100,499	7,427	777,094	1,791
76.05 03954	NEURODIAGNOSTIC CENTER	319,672	17,046	0	51,883	565
76.08 03956	SLEEP DISORDERS	1,154,132	55,470	33,609	356,037	864
76.09 03957	PAIN PROGRAM	896,221	72,196	10,460	276,033	2,375
76.10 03958	COMP EPILEPSY	301,060	5,883	0	45,728	0
76.97 07697	CARDIAC REHABILITATION	507,710	2,968	17,229	170,333	101
76.99 07699	LITHOTRIpsy	109,200	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	VOICE CLINIC	141,900	6,618	46,933	24,847	996
90.02 09002	LUNG CLINIC	15,675	8,262	3,457	0	26
90.04 09004	ST JUDE CLINIC	68,048	88,319	4,242	312,121	5,313

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
90.05	09005 SISTERS CLINIC	165,670	0	16,861	53,781	56	90.05
90.06	09006 SPECIAL CLINICS	855,690	3,650	1,755	223,473	634	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	10,633,235	485,568	109,852	4,898,141	106,060	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,338,273	0	96,085	404,523	18,679	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	33,963	0	12,273	14,445	0	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,461,154	0	1,910	182,192	371	105.00
109.00	10900 PANCREAS ACQUISITION	49,520	0	0	5,765	0	109.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	759,287,297	20,723,145	27,247,103	97,563,830	4,680,281	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,931	8,629	0	0	190.00
194.00	07950 SISTERS CONVENT	32,519	0	0	18,173	0	194.00
194.01	07951 BRADLEY HEALTH SVC	508,952	0	0	163,174	313	194.01
194.02	07952 COMMUNITY CLINIC	357,869	0	0	27,221	0	194.02
194.03	07953 FUND RAISING	6,123,029	2,286	2,888	0	476	194.03
194.04	07954 OUTREACH PHYSICIAN	28,077,635	440,754	114,813	4,466,423	13,578	194.04
194.05	07955 PHYSICIAN CONTRACT	2,692,822	0	0	47,851	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	3,558,261	19,225	51,769	759,821	5,252	194.07
194.08	07958 INDUSTRIAL REHAB	1,296,440	87,544	5,329	648,249	3,104	194.08
194.10	07960 IN-SCHOOL CLINIC	152,224	77,878	55	134,964	671	194.10
194.11	07961 REGIONAL ACTIVITIES	0	13,062	0	0	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	371,483	0	0	194.12
194.13	07963 CFH - ASC LLC	13,004,509	213,391	0	1,268,533	0	194.13
194.14	07964 MARKETING	1,790	976	0	0	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	815,093,347	21,592,192	27,802,069	105,098,239	4,703,675	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 2/27/2017 11:43 pm	
Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	98,025					5.02
5.03	00540	OUTPATIENT REVENUES	0	466,693				5.03
5.04	00550	BUSINESS OFFICE	0	0	162			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	162	139,666,316	139,666,316	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	32,739,654	6,769,971	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	11,451,550	2,367,974	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,833,260	585,867	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,965,767	2,267,523	9.00
10.00	01000	DIETARY	0	0	0	5,331,139	1,102,384	10.00
11.00	01100	CAFETERIA	0	0	0	3,000,822	620,516	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	14,636,732	3,026,613	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	7,614,855	1,574,615	14.00
15.00	01500	PHARMACY	0	0	0	15,973,669	3,303,067	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	6,270,630	1,296,653	16.00
18.00	01850	PARKING	0	0	0	1,573,437	325,358	18.00
20.00	02000	NURSING SCHOOL	0	0	0	2,630,960	544,035	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	20,895,270	4,320,766	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	30,653,677	6,338,629	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	633,040	130,901	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	154,796	32,009	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	135,005	27,917	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,617	0	0	89,355,646	18,477,301	30.00
31.00	03100	INTENSIVE CARE UNIT	2,797	0	0	26,334,025	5,445,402	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	817	0	0	11,545,816	2,387,467	31.01
41.00	04100	SUBPROVIDER - IRF	255	0	0	4,699,494	971,771	41.00
43.00	04300	NURSERY	504	0	0	4,598,716	950,932	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,900	39,809	0	32,654,877	6,752,441	50.00
51.00	05100	RECOVERY ROOM	1,310	8,933	0	4,063,517	840,262	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	545	647	0	3,918,696	810,316	52.00
53.00	05300	ANESTHESIOLOGY	4,529	25,365	0	2,505,386	518,069	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,983	78,921	0	31,476,664	6,508,808	54.00
57.00	05700	CT SCAN	3,002	19,642	0	4,884,248	1,009,975	57.00
58.00	05800	MRI	1,659	12,905	0	6,499,033	1,343,883	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,456	37,819	0	3,779,891	781,613	59.00
60.00	06000	LABORATORY	11,180	66,930	0	29,608,918	6,122,591	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	436	745	0	5,763,382	1,191,764	63.00
64.00	06400	INTRAVENOUS THERAPY	81	908	0	1,792,242	370,603	64.00
65.00	06500	RESPIRATORY THERAPY	3,804	3,422	0	9,557,591	1,976,338	65.00
66.00	06600	PHYSICAL THERAPY	1,092	3,449	0	12,992,045	2,686,521	66.00
68.00	06800	SPEECH PATHOLOGY	108	168	0	754,354	155,987	68.00
69.00	06900	ELECTROCARDIOLOGY	2,219	15,519	0	3,726,884	770,653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	400	657	0	844,029	174,530	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,737	28,325	0	34,894,404	7,215,535	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,870	18,636	0	40,449,922	8,364,316	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,982	50,244	0	35,881,459	7,419,640	73.00
74.00	07400	RENAL DIALYSIS	327	318	0	2,617,574	541,267	74.00
76.00	03950	DIGESTIVE DISEASES	1,414	9,455	0	4,376,447	904,970	76.00
76.01	03951	ENTEROSTOMAL	44	15	0	491,045	101,539	76.01
76.02	03952	DIABETIC SERVICE	62	706	0	1,789,431	370,022	76.02
76.03	03953	WOUND CARE	199	2,265	0	1,196,042	247,320	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	186	1,738	0	2,742,351	567,069	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	0	0	0	389,166	80,473	76.05
76.08	03956	SLEEP DISORDERS	369	4,218	0	1,604,699	331,823	76.08
76.09	03957	PAIN PROGRAM	221	2,524	0	1,260,030	260,552	76.09
76.10	03958	COMP EPILEPSY	0	0	0	352,671	72,926	76.10
76.97	07697	CARDIAC REHABILITATION	46	377	0	698,764	144,492	76.97
76.99	07699	LITHOTRIPSY	48	534	0	109,782	22,701	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	28	322	0	221,644	45,832	90.01
90.02	09002	LUNG CLINIC	16	180	0	27,616	5,710	90.02
90.04	09004	ST JUDE CLINIC	59	649	0	478,751	98,997	90.04
90.05	09005	SISTERS CLINIC	0	0	0	236,368	48,877	90.05
90.06	09006	SPECIAL CLINICS	10	107	0	1,085,319	224,424	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	2,967	23,882	0	16,259,705	3,362,214	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			ADMINISTRATIVE	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	639	6,210	0	1,864,409	385,526	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	60,681	12,548	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	103	149	0	2,645,879	547,120	105.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	55,289	11,433	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,025	466,693	162	750,305,481	126,269,351	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	22,560	4,665	190.00
194.00	07950	SISTERS CONVENT	0	0	0	50,692	10,482	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	672,439	139,048	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	385,090	79,630	194.02
194.03	07953	FUND RAISING	0	0	0	6,128,679	1,267,301	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	33,113,203	6,847,214	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	2,740,673	566,722	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	4,394,328	908,668	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	2,040,666	421,973	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	365,792	75,639	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	13,062	2,701	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	371,483	76,816	194.12
194.13	07963	CFH - ASC LLC	0	0	0	14,486,433	2,995,534	194.13
194.14	07964	MARKETING	0	0	0	2,766	572	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	98,025	466,693	162	815,093,347	139,666,316	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		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
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
6.00	00600	39,509,625					6.00
7.00	00700	911,091	14,730,615				7.00
8.00	00800	120,320	45,919	3,585,366			8.00
9.00	00900	407,173	155,392	65,536	13,861,391		9.00
10.00	01000	376,264	143,596	0	139,034	7,092,417	10.00
11.00	01100	197,709	75,453	0	73,056	0	11.00
13.00	01300	514,299	196,275	0	190,040	0	13.00
14.00	01400	1,063,659	405,931	76,073	393,036	0	14.00
15.00	01500	3,096,877	1,181,882	0	1,144,337	0	15.00
16.00	01600	383,397	146,318	0	141,670	0	16.00
18.00	01850	1,775	677	0	656	0	18.00
20.00	02000	2,342,943	894,153	0	865,748	0	20.00
21.00	02100	2,410,956	920,109	6,643	890,880	0	21.00
22.00	02200	138,939	53,024	0	51,340	0	22.00
23.00	02300	17,380	6,633	0	6,422	0	23.00
23.01	02301	38,879	14,838	0	14,366	0	23.01
23.02	02302	32,215	12,294	0	11,904	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,474,948	3,615,990	1,721,496	3,501,118	5,820,833	30.00
31.00	03100	1,356,874	517,833	239,586	501,383	826,296	31.00
31.01	02060	930,580	355,144	131,462	343,825	0	31.01
41.00	04100	150,794	57,548	106,515	55,720	376,413	41.00
43.00	04300	41,725	15,924	33,976	15,418	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,305,504	1,261,501	286,996	1,221,427	0	50.00
51.00	05100	180,363	68,833	0	66,646	0	51.00
52.00	05200	419,496	160,095	93,423	155,009	68,875	52.00
53.00	05300	42,763	16,320	0	15,802	0	53.00
54.00	05400	2,663,417	1,016,458	210,175	984,168	0	54.00
57.00	05700	128,558	49,062	85,783	47,504	0	57.00
58.00	05800	513,060	195,802	34,411	189,582	0	58.00
59.00	05900	281,361	107,378	102,665	103,967	0	59.00
60.00	06000	1,127,586	430,328	25,819	416,658	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	254,069	96,962	0	93,882	0	63.00
64.00	06400	74,777	28,538	7,644	27,631	0	64.00
65.00	06500	272,286	103,914	7,916	100,613	0	65.00
66.00	06600	916,013	349,584	11,125	338,479	0	66.00
68.00	06800	46,213	17,636	5,699	17,076	0	68.00
69.00	06900	281,093	107,275	15,894	103,868	0	69.00
70.00	07000	8,204	3,131	11,564	3,032	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	86,565	33,036	20,736	31,987	0	74.00
76.00	03950	305,907	116,745	65,280	113,037	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03952	151,430	57,791	0	55,955	0	76.02
76.03	03953	145,201	55,414	0	0	0	76.03
76.04	03550	251,724	96,067	0	93,016	0	76.04
76.05	03954	42,696	16,295	0	15,777	0	76.05
76.08	03956	138,939	53,024	13,149	51,340	0	76.08
76.09	03957	180,832	69,012	0	0	0	76.09
76.10	03958	14,734	5,623	0	5,445	0	76.10
76.97	07697	7,434	2,837	0	2,747	0	76.97
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	16,576	6,326	0	0	0	90.01
90.02	09002	20,695	7,898	0	0	0	90.02
90.04	09004	221,217	84,425	6,828	81,743	0	90.04
90.05	09005	0	0	0	0	0	90.05
90.06	09006	9,142	3,489	0	3,378	0	90.06
90.07	09007	0	0	0	0	0	90.07
91.00	09100	1,216,227	464,157	183,142	449,412	0	91.00
92.00	09200						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	6.00	7.00	8.00	9.00	10.00	0
	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	0
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	37,332,879	13,899,889	3,569,536	13,129,134	7,092,417	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,894	13,317	0	12,894	0	190.00
194.00	07950 SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952 COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953 FUND RAISING	5,726	2,185	0	2,116	0	194.03
194.04	07954 OUTREACH PHYSICIAN	1,103,978	421,318	15,830	407,934	0	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	48,155	18,378	0	17,794	0	194.07
194.08	07958 INDUSTRIAL REHAB	219,275	83,683	0	81,025	0	194.08
194.10	07960 IN-SCHOOL CLINIC	195,064	74,444	0	0	0	194.10
194.11	07961 REGIONAL ACTIVITIES	32,717	12,486	0	12,089	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	534,492	203,982	0	197,502	0	194.13
194.14	07964 MARKETING	2,445	933	0	903	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	39,509,625	14,730,615	3,585,366	13,861,391	7,092,417	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,967,556					11.00
13.00	01300	89,159	18,653,118				13.00
14.00	01400	99,375	0	11,227,544			14.00
15.00	01500	122,593	0	0	24,822,425		15.00
16.00	01600	70,584	0	0	0	8,309,252	16.00
18.00	01850	0	0	0	0	0	18.00
20.00	02000	48,294	0	3,024	245	0	20.00
21.00	02100	217,324	0	318	0	0	21.00
22.00	02200	28,791	0	24,432	2,856	0	22.00
23.00	02300	6,501	0	0	0	0	23.00
23.01	02301	1,857	0	0	0	0	23.01
23.02	02302	929	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	989,104	10,544,966	294,580	0	475,175	30.00
31.00	03100	239,614	2,556,316	160,423	33,587	236,627	31.00
31.01	02060	101,232	1,077,516	43,217	0	69,092	31.01
41.00	04100	58,510	624,945	8,217	94	21,565	41.00
43.00	04300	0	0	6,605	0	42,614	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	253,545	2,698,988	0	0	668,342	50.00
51.00	05100	40,864	431,680	18,341	2,688	110,848	51.00
52.00	05200	57,582	618,510	89,682	0	46,086	52.00
53.00	05300	7,430	76,831	181,275	240,634	383,122	53.00
54.00	05400	240,542	0	0	0	844,581	54.00
57.00	05700	33,434	0	82,780	0	253,973	57.00
58.00	05800	34,363	0	95,757	0	140,338	58.00
59.00	05900	30,648	0	0	0	461,616	59.00
60.00	06000	229,398	0	59,207	0	945,815	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	14,860	0	7,428	192	36,898	63.00
64.00	06400	13,931	0	10,155	0	6,824	64.00
65.00	06500	98,446	0	0	400	321,837	65.00
66.00	06600	121,664	0	28,956	128	92,403	66.00
68.00	06800	6,501	0	11,542	0	9,159	68.00
69.00	06900	52,009	0	5,457	259	187,743	69.00
70.00	07000	9,287	0	1,086	0	33,823	70.00
71.00	07100	0	0	9,051,586	23,185,217	739,175	71.00
72.00	07200	0	0	0	0	496,615	72.00
73.00	07300	0	0	58	0	1,114,678	73.00
74.00	07400	1,857	0	2,911	0	27,680	74.00
76.00	03950	30,648	0	0	0	119,630	76.00
76.01	03951	5,572	0	286	0	3,740	76.01
76.02	03952	20,432	0	52	0	5,222	76.02
76.03	03953	8,359	0	56,611	0	16,821	76.03
76.04	03550	33,434	0	11	0	15,712	76.04
76.05	03954	1,857	23,366	123	18,544	0	76.05
76.08	03956	22,290	0	1,385	2	31,233	76.08
76.09	03957	12,074	0	21,405	9	18,668	76.09
76.10	03958	2,786	0	0	4	0	76.10
76.97	07697	9,287	0	140	912	3,905	76.97
76.99	07699	0	0	0	0	4,039	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	929	0	1,189	0	2,382	90.01
90.02	09002	0	0	0	0	1,337	90.02
90.04	09004	13,931	0	15,933	0	5,006	90.04
90.05	09005	2,786	0	42	0	0	90.05
90.06	09006	8,359	0	23	837	818	90.06
90.07	09007	0	0	0	0	0	90.07
91.00	09100	258,188	0	145,391	0	251,006	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	15,788	0	3,770	14	54,028	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,430	0	124	4,894	8,747	105.00
109.00	10900	PANCREAS ACQUISITION	929	0	0	0	329	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,775,307	18,653,118	10,433,522	23,491,516	8,309,252	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	929	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	4,644	0	1,223	1,961	0	194.01
194.02	07952	COMMUNITY CLINIC	929	0	0	110,656	0	194.02
194.03	07953	FUND RAISING	0	0	16,243	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	79,871	0	47,029	846,649	0	194.04
194.05	07955	PHYSICIAN CONTRACT	929	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	74,299	0	13,098	930	0	194.07
194.08	07958	INDUSTRIAL REHAB	25,076	0	3,970	70,130	0	194.08
194.10	07960	IN-SCHOOL CLINIC	5,572	0	27	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	712,393	300,583	0	194.13
194.14	07964	MARKETING	0	0	39	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,967,556	18,653,118	11,227,544	24,822,425	8,309,252	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	
		PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		18.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
18.00	01850	PARKING	1,901,903				18.00
20.00	02000	NURSING SCHOOL	25,615	7,355,017			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	115,267		29,777,533		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	15,270			37,306,958	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	3,448				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	985			804,325	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	493				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	524,609	6,033,477	11,400,413	14,283,078	0 30.00
31.00	03100	INTENSIVE CARE UNIT	127,089	245,333	1,425,308	1,785,705	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	53,693	224,424	952,936	1,193,891	0 31.01
41.00	04100	SUBPROVIDER - I&R	31,033	0	14,433	18,082	0 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	134,478	171,454	2,617,355	3,279,169	0 50.00
51.00	05100	RECOVERY ROOM	21,674	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,541	227,734	1,321,160	1,655,223	0 52.00
53.00	05300	ANESTHESIOLOGY	3,941	0	222,046	278,192	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,582	47,394	2,176,188	2,726,450	0 54.00
57.00	05700	CT SCAN	17,733	0	192,303	240,928	0 57.00
58.00	05800	MRI	18,226	0	153,297	192,059	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	16,256	0	1,071,516	1,342,455	0 59.00
60.00	06000	LABORATORY	121,671	2,788	95,567	119,731	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,881	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	7,389	47,394	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	52,215	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	64,530	0	0	0	0 66.00
68.00	06800	SPEECH PATHOLOGY	3,448	18,121	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	27,585	0	153,687	192,547	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,926	0	143,155	179,352	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	985	0	0	0	0 74.00
76.00	03950	DIGESTIVE DISEASES	16,256	47,394	0	0	0 76.00
76.01	03951	ENTEROSTOMAL	2,956	4,182	0	0	0 76.01
76.02	03952	DIABETIC SERVICE	10,837	3,659	0	0	0 76.02
76.03	03953	WOUND CARE	4,433	24,394	0	0	0 76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	17,733	6,273	0	0	0 76.04
76.05	03954	NEURODIAGNOSTIC CENTER	985	29,273	0	0	0 76.05
76.08	03956	SLEEP DISORDERS	11,822	0	83,865	105,070	0 76.08
76.09	03957	PAIN PROGRAM	6,404	0	0	0	0 76.09
76.10	03958	COMPEPILEPSY	1,478	0	0	0	0 76.10
76.97	07697	CARDIAC REHABILITATION	4,926	0	0	0	0 76.97
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	VOICE CLINIC	493	0	0	0	0 90.01
90.02	09002	LUNG CLINIC	0	0	0	0	0 90.02
90.04	09004	ST JUDE CLINIC	7,389	0	0	0	0 90.04
90.05	09005	SISTERS CLINIC	1,478	0	298,402	373,855	0 90.05
90.06	09006	SPECIAL CLINICS	4,433	0	0	0	0 90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description	OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	
	PARKING	NURSING SCHOOL	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00	20.00	21.00	22.00		
90.07 09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	136,941	98,098	4,338,724	5,435,796	804,325	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	8,374	92,000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	3,941	0	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	493	0	0	0	0	109.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,799,935	7,323,392	26,660,355	33,401,583	804,325	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 SISTERS CONVENT	493	0	0	0	0	194.00
194.01 07951 BRADLEY HEALTH SVC	2,463	0	0	0	0	194.01
194.02 07952 COMMUNITY CLINIC	493	0	0	0	0	194.02
194.03 07953 FUND RAISING	0	0	0	0	0	194.03
194.04 07954 OUTREACH PHYSICIAN	42,363	0	3,117,178	3,905,375	0	194.04
194.05 07955 PHYSICIAN CONTRACT	493	0	0	0	0	194.05
194.07 07957 RESEARCH, WELLNESS, WC	39,407	29,273	0	0	0	194.07
194.08 07958 INDUSTRIAL REHAB	13,300	0	0	0	0	194.08
194.10 07960 IN-SCHOOL CLINIC	2,956	2,352	0	0	0	194.10
194.11 07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13 07963 CFH - ASC LLC	0	0	0	0	0	194.13
194.14 07964 MARKETING	0	0	0	0	0	194.14
200.00 Cross Foot Adjustments	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)	1,901,903	7,355,017	29,777,533	37,306,958	804,325	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM						23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	257,730					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY		220,757				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	220,757	176,733,491	-25,683,491	151,050,000	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	42,031,401	-3,211,013	38,820,388	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	19,410,295	-2,146,827	17,263,468	31.01
41.00	04100	SUBPROVIDER - IIRF	0	0	7,195,134	-32,515	7,162,619	41.00
43.00	04300	NURSERY	0	0	5,705,910	0	5,705,910	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	55,306,077	-5,896,524	49,409,553	50.00
51.00	05100	RECOVERY ROOM	0	0	5,845,716	0	5,845,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,672,428	-2,976,383	6,696,045	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,491,811	-500,238	3,991,573	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	257,730	0	49,280,157	-4,902,638	44,377,519	54.00
57.00	05700	CT SCAN	0	0	7,026,281	-433,231	6,593,050	57.00
58.00	05800	MRI	0	0	9,409,811	-345,356	9,064,455	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,079,366	-2,413,971	5,665,395	59.00
60.00	06000	LABORATORY	0	0	39,306,077	-215,298	39,090,779	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	7,467,318	0	7,467,318	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,387,128	0	2,387,128	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	12,491,556	0	12,491,556	65.00
66.00	06600	PHYSICAL THERAPY	0	0	17,601,448	0	17,601,448	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,045,736	0	1,045,736	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,624,954	-346,234	5,278,720	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,416,119	-322,507	1,093,612	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	75,085,917	0	75,085,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	49,310,853	0	49,310,853	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	44,415,835	0	44,415,835	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,364,598	0	3,364,598	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	6,096,314	0	6,096,314	76.00
76.01	03951	ENTEROSTOMAL	0	0	609,320	0	609,320	76.01
76.02	03952	DIABETIC SERVICE	0	0	2,464,831	0	2,464,831	76.02
76.03	03953	WOUND CARE	0	0	1,754,595	0	1,754,595	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,823,390	0	3,823,390	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0	0	618,555	0	618,555	76.05
76.08	03956	SLEEP DISORDERS	0	0	2,448,641	-188,935	2,259,706	76.08
76.09	03957	PAIN PROGRAM	0	0	1,828,986	0	1,828,986	76.09
76.10	03958	COMPEPILEPSY	0	0	455,667	0	455,667	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	875,444	0	875,444	76.97
76.99	07699	LITHOTRIpsy	0	0	136,522	0	136,522	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	0	0	295,371	0	295,371	90.01
90.02	09002	LUNG CLINIC	0	0	63,256	0	63,256	90.02
90.04	09004	ST JUDE CLINIC	0	0	1,014,220	0	1,014,220	90.04
90.05	09005	SYSTEMS CLINIC	0	0	961,808	-672,257	289,551	90.05
90.06	09006	SPECIAL CLINICS	0	0	1,340,222	0	1,340,222	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	33,403,326	-9,774,520	23,628,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	2,423,909	0	2,423,909	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	73,229	0	73,229	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	3,218,135	0	3,218,135	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	68,473	0	68,473	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	257,730	220,757	723,679,631	-60,061,938	663,617,693	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	88,330	0	88,330	190.00
194.00	07950	SISTERS CONVENT	0	0	62,596	0	62,596	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	821,778	0	821,778	194.01
194.02	07952	COMMUNITY CLINIC	0	0	576,798	0	576,798	194.02
194.03	07953	FUND RAISING	0	0	7,422,250	0	7,422,250	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	49,947,942	-7,022,553	42,925,389	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	3,308,817	0	3,308,817	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	5,544,330	0	5,544,330	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	2,959,098	0	2,959,098	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	721,846	0	721,846	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	73,055	0	73,055	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	448,299	0	448,299	194.12
194.13	07963	CFH - ASC LLC	0	0	19,430,919	0	19,430,919	194.13
194.14	07964	MARKETING	0	0	7,658	0	7,658	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	257,730	220,757	815,093,347	-67,084,491	748,008,856	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 11:43 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	446	127,131	816	128,393	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	104,924	59,187	17,997	182,108	5.01
5.02 00570	ADMINISTRATIVE	0	98,025	0	98,025	5.02
5.03 00540	OUTPATIENT REVENUES	0	27,448	950	28,398	5.03
5.04 00550	BUSINESS OFFICE	0	0	0	0	5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	1,091,832	1,661,700	16,260,317	19,013,849	5.05
6.00 00600	MAINTENANCE & REPAIRS	1,386	3,844,825	1,273,504	5,119,715	6.00
7.00 00700	OPERATION OF PLANT	28,338	363,745	132,454	524,537	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	48,037	0	48,037	8.00
9.00 00900	HOUSEKEEPING	1,959	162,560	12,694	177,213	9.00
10.00 01000	DIETARY	0	150,220	34,318	184,538	10.00
11.00 01100	CAFETERIA	0	78,934	18,538	97,472	11.00
13.00 01300	NURSING ADMINISTRATION	907	205,329	280,181	486,417	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	982,335	424,657	386,352	1,793,344	14.00
15.00 01500	PHARMACY	671,327	1,236,402	272,781	2,180,510	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	37,565	153,068	473	191,106	16.00
18.00 01850	PARKING	23,940	709	507,055	531,704	18.00
20.00 02000	NURSING SCHOOL	0	935,400	121,864	1,057,264	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	28,752	962,553	0	991,305	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	49,789	55,470	5,016	110,275	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	6,939	0	6,939	23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	0	15,522	0	15,522	23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	0	12,861	0	12,861	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	331	3,782,790	515,684	4,298,805	30.00
31.00 03100	INTENSIVE CARE UNIT	600	541,720	377,082	919,402	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	73	371,526	285,790	657,389	31.01
41.00 04100	SUBPROVIDER - IRF	164	60,203	17,585	77,952	41.00
43.00 04300	NURSERY	0	16,658	0	16,658	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,914,723	1,319,694	1,245,296	4,479,713	50.00
51.00 05100	RECOVERY ROOM	0	72,008	9,099	81,107	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	167,480	109,426	276,906	52.00
53.00 05300	ANESTHESIOLOGY	0	17,073	230,188	247,261	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,695,267	1,063,346	2,324,981	6,083,594	54.00
57.00 05700	CT SCAN	1,172,941	51,326	88,073	1,312,340	57.00
58.00 05800	MRI	2,283,071	204,835	190,194	2,678,100	58.00
59.00 05900	CARDIAC CATHETERIZATION	465,353	112,331	429,305	1,006,989	59.00
60.00 06000	LABORATORY	595,429	450,179	663,172	1,708,780	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	101,435	828	102,263	63.00
64.00 06400	INTRAVENOUS THERAPY	214,894	29,854	16,403	261,151	64.00
65.00 06500	RESPIRATORY THERAPY	62,023	108,708	259,304	430,035	65.00
66.00 06600	PHYSICAL THERAPY	298,742	365,710	265,509	929,961	66.00
68.00 06800	SPEECH PATHOLOGY	0	18,450	13,170	31,620	68.00
69.00 06900	ELECTROCARDIOLOGY	218,338	112,224	88,823	419,385	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,276	22,080	25,356	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	8,558	8,558	73.00
74.00 07400	RENAL DIALYSIS	0	34,560	4,033	38,593	74.00
76.00 03950	DIGESTIVE DISEASES	555,773	122,131	382,263	1,060,167	76.00
76.01 03951	ENTEROSTOMAL	0	0	0	0	76.01
76.02 03952	DIABETIC SERVICE	22,645	60,457	4,738	87,840	76.02
76.03 03953	WOUND CARE	6,700	57,970	8,116	72,786	76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	100,499	7,427	107,926	76.04
76.05 03954	NEURODIAGNOSTIC CENTER	6,588	17,046	0	23,634	76.05
76.08 03956	SLEEP DISORDERS	1,806	55,470	33,609	90,885	76.08
76.09 03957	PAIN PROGRAM	0	72,196	10,460	82,656	76.09
76.10 03958	COMPELSEPSY	0	5,883	0	5,883	76.10
76.97 07697	CARDIAC REHABILITATION	12,840	2,968	17,229	33,037	76.97
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	VOICE CLINIC	0	6,618	46,933	53,551	90.01
90.02 09002	LUNG CLINIC	0	8,262	3,457	11,719	90.02
90.04 09004	ST JUDE CLINIC	0	88,319	4,242	92,561	90.04
90.05 09005	SISTERS CLINIC	0	0	16,861	16,861	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
90.06 09006 SPECIAL CLINICS	47,505	3,650	1,755	52,910	273	90.06
90.07 09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	485,568	109,852	595,420	5,984	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	96,085	96,085	494	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	12,273	12,273	18	95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	52,631	0	1,910	54,541	223	105.00
109.00 10900 PANCREAS ACQUISITION	26,316	0	0	26,316	7	109.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,678,253	20,723,145	27,247,103	61,648,501	119,189	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,931	8,629	22,560	0	190.00
194.00 07950 SISTERS CONVENT	0	0	0	0	22	194.00
194.01 07951 BRADLEY HEALTH SVC	0	0	0	0	199	194.01
194.02 07952 COMMUNITY CLINIC	0	0	0	0	33	194.02
194.03 07953 FUND RAISING	57,529	2,286	2,888	62,703	0	194.03
194.04 07954 OUTREACH PHYSICIAN	717,154	440,754	114,813	1,272,721	5,457	194.04
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	58	194.05
194.07 07957 RESEARCH, WELLNESS, WC	216,361	19,225	51,769	287,355	928	194.07
194.08 07958 INDUSTRIAL REHAB	91,485	87,544	5,329	184,358	792	194.08
194.10 07960 IN-SCHOOL CLINIC	4,543	77,878	55	82,476	165	194.10
194.11 07961 REGIONAL ACTIVITIES	0	13,062	0	13,062	0	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	371,483	371,483	0	194.12
194.13 07963 CFH - ASC LLC	1,115,397	213,391	0	1,328,788	1,550	194.13
194.14 07964 MARKETING	0	976	0	976	0	194.14
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)	15,880,722	21,592,192	27,802,069	65,274,983	128,393	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 11:43 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	182,540					5.01
5.02	00570	ADMITTING	0	98,025				5.02
5.03	00540	OUTPATIENT REVENUES	75	0	28,602			5.03
5.04	00550	BUSINESS OFFICE	0	0	0	0		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	8,108	0	0	0	19,030,436	5.05
6.00	00600	MAINTENANCE & REPAIRS	33,466	0	0	0	922,440	6.00
7.00	00700	OPERATION OF PLANT	9,942	0	0	0	322,647	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	37	0	0	0	79,827	8.00
9.00	00900	HOUSEKEEPING	8,591	0	0	0	308,960	9.00
10.00	01000	DIETARY	647	0	0	0	150,205	10.00
11.00	01100	CAFETERIA	317	0	0	0	84,548	11.00
13.00	01300	NURSING ADMINISTRATION	1,293	0	0	0	412,390	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,809	0	0	0	214,549	14.00
15.00	01500	PHARMACY	2,069	0	0	0	450,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57	0	0	0	176,675	16.00
18.00	01850	PARKING	33	0	0	0	44,332	18.00
20.00	02000	NURSING SCHOOL	828	0	0	0	74,127	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	337	0	0	0	588,724	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	63	0	0	0	863,667	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	7	0	0	0	17,836	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	0	4,361	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	3	0	0	0	3,804	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,313	5,617	0	0	2,517,876	30.00
31.00	03100	INTENSIVE CARE UNIT	17,264	2,797	0	0	741,961	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,432	817	0	0	325,303	31.01
41.00	04100	SUBPROVIDER - IRF	2,499	255	0	0	132,408	41.00
43.00	04300	NURSERY	406	504	0	0	129,569	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,783	7,900	2,505	0	920,051	50.00
51.00	05100	RECOVERY ROOM	288	1,310	562	0	114,490	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,278	545	41	0	110,409	52.00
53.00	05300	ANESTHESIOLOGY	908	4,529	1,596	0	70,589	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,005	9,983	4,199	0	886,855	54.00
57.00	05700	CT SCAN	306	3,002	1,236	0	137,614	57.00
58.00	05800	MRI	238	1,659	812	0	183,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	538	5,456	2,380	0	106,498	59.00
60.00	06000	LABORATORY	923	11,180	4,212	0	834,231	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8	436	47	0	162,383	63.00
64.00	06400	INTRAVENOUS THERAPY	227	81	57	0	50,496	64.00
65.00	06500	RESPIRATORY THERAPY	376	3,804	215	0	269,285	65.00
66.00	06600	PHYSICAL THERAPY	2,600	1,092	217	0	366,051	66.00
68.00	06800	SPEECH PATHOLOGY	76	108	11	0	21,254	68.00
69.00	06900	ELECTROCARDIOLOGY	145	2,219	977	0	105,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51	400	41	0	23,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,971	8,737	1,783	0	983,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,870	1,173	0	1,139,677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,982	3,162	0	1,010,960	73.00
74.00	07400	RENAL DIALYSIS	118	327	20	0	73,750	74.00
76.00	03950	DIGESTIVE DISEASES	4,439	1,414	595	0	123,306	76.00
76.01	03951	ENTEROSTOMAL	0	44	1	0	13,835	76.01
76.02	03952	DIABETIC SERVICE	67	62	44	0	50,417	76.02
76.03	03953	WOUND CARE	342	199	143	0	33,698	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70	186	109	0	77,266	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	22	0	0	0	10,965	76.05
76.08	03956	SLEEP DISORDERS	34	369	265	0	45,212	76.08
76.09	03957	PAIN PROGRAM	92	221	159	0	35,501	76.09
76.10	03958	COMP EPILEPSY	0	0	0	0	9,937	76.10
76.97	07697	CARDIAC REHABILITATION	4	46	24	0	19,688	76.97
76.99	07699	LITHOTRIPSY	0	48	34	0	3,093	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	39	28	20	0	6,245	90.01
90.02	09002	LUNG CLINIC	1	16	11	0	778	90.02
90.04	09004	ST JUDE CLINIC	206	59	41	0	13,489	90.04
90.05	09005	SISTERS CLINIC	2	0	0	0	6,660	90.05
90.06	09006	SPECIAL CLINICS	25	10	7	0	30,579	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	4,116	2,967	1,503	0	458,117	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	725	639	391	0	52,530	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	1,710	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	14	103	9	0	74,548	105.00
109.00	10900	PANCREAS ACQUISITION	0	4	0	0	1,558	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	181,633	98,025	28,602	0	17,205,038	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	636	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	1,428	194.00
194.01	07951	BRADLEY HEALTH SVC	12	0	0	0	18,946	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	10,850	194.02
194.03	07953	FUND RAISING	18	0	0	0	172,676	194.03
194.04	07954	OUTREACH PHYSICIAN	527	0	0	0	932,964	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	77,218	194.05
194.07	07957	RESEARCH, WELLNESS, WC	204	0	0	0	123,810	194.07
194.08	07958	INDUSTRIAL REHAB	120	0	0	0	57,496	194.08
194.10	07960	IN-SCHOOL CLINIC	26	0	0	0	10,306	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	368	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	10,467	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	408,155	194.13
194.14	07964	MARKETING	0	0	0	0	78	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	182,540	98,025	28,602	0	19,030,436	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 11:43 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	6,078,034					6.00
7.00	00700	OPERATION OF PLANT	140,159	998,389				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,510	3,112	149,619			8.00
9.00	00900	HOUSEKEEPING	62,638	10,532	2,735	573,154		9.00
10.00	01000	DIETARY	57,883	9,732	0	5,749	410,174	10.00
11.00	01100	CAFETERIA	30,415	5,114	0	3,021	0	11.00
13.00	01300	NURSING ADMINISTRATION	79,118	13,303	0	7,858	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	163,630	27,513	3,175	16,252	0	14.00
15.00	01500	PHARMACY	476,414	80,104	0	47,317	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	58,981	9,917	0	5,858	0	16.00
18.00	01850	PARKING	273	46	0	27	0	18.00
20.00	02000	NURSING SCHOOL	360,431	60,602	0	35,798	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	370,894	62,362	277	36,837	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	21,374	3,594	0	2,123	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	2,674	450	0	266	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	5,981	1,006	0	594	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	4,956	833	0	492	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,457,595	245,079	71,837	144,766	336,635	30.00
31.00	03100	INTENSIVE CARE UNIT	208,737	35,097	9,998	20,732	47,787	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	143,157	24,070	5,486	14,217	0	31.01
41.00	04100	SUBPROVIDER - I&R	23,198	3,900	4,445	2,304	21,769	41.00
43.00	04300	NURSERY	6,419	1,079	1,418	638	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	508,508	85,500	11,977	50,505	0	50.00
51.00	05100	RECOVERY ROOM	27,746	4,665	0	2,756	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,534	10,851	3,899	6,409	3,983	52.00
53.00	05300	ANESTHESIOLOGY	6,579	1,106	0	653	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	409,732	68,892	8,771	40,694	0	54.00
57.00	05700	CT SCAN	19,777	3,325	3,580	1,964	0	57.00
58.00	05800	MRI	78,927	13,271	1,436	7,839	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,284	7,278	4,284	4,299	0	59.00
60.00	06000	LABORATORY	173,464	29,166	1,077	17,228	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	39,085	6,572	0	3,882	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,503	1,934	319	1,143	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,888	7,043	330	4,160	0	65.00
66.00	06600	PHYSICAL THERAPY	140,917	23,694	464	13,996	0	66.00
68.00	06800	SPEECH PATHOLOGY	7,109	1,195	238	706	0	68.00
69.00	06900	ELECTROCARDIOLOGY	43,242	7,271	663	4,295	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,262	212	483	125	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,317	2,239	865	1,323	0	74.00
76.00	03950	DIGESTIVE DISEASES	47,060	7,913	2,724	4,674	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	23,295	3,917	0	2,314	0	76.02
76.03	03953	WOUND CARE	22,337	3,756	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	38,724	6,511	0	3,846	0	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	6,568	1,104	0	652	0	76.05
76.08	03956	SLEEP DISORDERS	21,374	3,594	549	2,123	0	76.08
76.09	03957	PAIN PROGRAM	27,819	4,677	0	0	0	76.09
76.10	03958	COMPEPILEPSY	2,267	381	0	225	0	76.10
76.97	07697	CARDIAC REHABILITATION	1,144	192	0	114	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	2,550	429	0	0	0	90.01
90.02	09002	LUNG CLINIC	3,184	535	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	34,031	5,722	285	3,380	0	90.04
90.05	09005	SISTERS CLINIC	0	0	0	0	0	90.05
90.06	09006	SPECIAL CLINICS	1,406	236	0	140	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	187,101	31,459	7,643	18,583	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	6.00	7.00	8.00	9.00	10.00	0
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	0
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,743,171	942,085	148,958	542,877	410,174	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,368	903	0	533	0	190.00
194.00	07950 SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952 COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953 FUND RAISING	881	148	0	87	0	194.03
194.04	07954 OUTREACH PHYSICIAN	169,832	28,555	661	16,868	0	194.04
194.05	07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	7,408	1,246	0	736	0	194.07
194.08	07958 INDUSTRIAL REHAB	33,733	5,672	0	3,350	0	194.08
194.10	07960 IN-SCHOOL CLINIC	30,008	5,046	0	0	0	194.10
194.11	07961 REGIONAL ACTIVITIES	5,033	846	0	500	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963 CFH - ASC LLC	82,224	13,825	0	8,166	0	194.13
194.14	07964 MARKETING	376	63	0	37	0	194.14
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,078,034	998,389	149,619	573,154	410,174	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 11:43 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	221,668					11.00
13.00	01300	NURSING ADMINISTRATION	4,981	1,007,898				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,552	0	2,236,368			14.00
15.00	01500	PHARMACY	6,849	0	0	3,248,189		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,944	0	0	0	448,049	16.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	2,698	0	602	32	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	12,142	0	63	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,609	0	4,866	374	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	363	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	104	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	52	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,263	569,786	58,676	0	25,612	30.00
31.00	03100	INTENSIVE CARE UNIT	13,387	138,127	31,954	4,395	12,754	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,656	58,222	8,608	0	3,724	31.01
41.00	04100	SUBPROVIDER - IRF	3,269	33,768	1,637	12	1,162	41.00
43.00	04300	NURSERY	0	0	1,316	0	2,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,166	145,836	0	0	36,024	50.00
51.00	05100	RECOVERY ROOM	2,283	23,325	3,653	352	5,975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,217	33,420	17,863	0	2,484	52.00
53.00	05300	ANESTHESIOLOGY	415	4,151	36,107	31,489	20,651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,439	0	0	0	45,524	54.00
57.00	05700	CT SCAN	1,868	0	16,489	0	13,689	57.00
58.00	05800	MRI	1,920	0	19,073	0	7,564	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,712	0	0	0	24,881	59.00
60.00	06000	LABORATORY	12,816	0	11,793	0	50,980	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	830	0	1,479	25	1,989	63.00
64.00	06400	INTRAVENOUS THERAPY	778	0	2,023	0	368	64.00
65.00	06500	RESPIRATORY THERAPY	5,500	0	0	52	17,347	65.00
66.00	06600	PHYSICAL THERAPY	6,797	0	5,768	17	4,981	66.00
68.00	06800	SPEECH PATHOLOGY	363	0	2,299	0	494	68.00
69.00	06900	ELECTROCARDIOLOGY	2,906	0	1,087	34	10,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	519	0	216	0	1,823	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,802,950	3,033,946	39,842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	26,768	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11	0	60,259	73.00
74.00	07400	RENAL DIALYSIS	104	0	580	0	1,492	74.00
76.00	03950	DIGESTIVE DISEASES	1,712	0	0	0	6,448	76.00
76.01	03951	ENTEROSTOMAL	311	0	57	0	202	76.01
76.02	03952	DIABETIC SERVICE	1,142	0	10	0	281	76.02
76.03	03953	WOUND CARE	467	0	11,276	0	907	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,868	0	2	0	847	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	104	1,263	25	2,427	0	76.05
76.08	03956	SLEEP DISORDERS	1,245	0	276	0	1,683	76.08
76.09	03957	PAIN PROGRAM	675	0	4,263	1	1,006	76.09
76.10	03958	COMP EPILEPSY	156	0	0	1	0	76.10
76.97	07697	CARDIAC REHABILITATION	519	0	28	119	210	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	218	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	52	0	237	0	128	90.01
90.02	09002	LUNG CLINIC	0	0	0	0	72	90.02
90.04	09004	ST JUDE CLINIC	778	0	3,174	0	270	90.04
90.05	09005	SISTERS CLINIC	156	0	8	0	0	90.05
90.06	09006	SPECIAL CLINICS	467	0	5	110	44	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	14,425	0	28,960	0	13,529	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	882	0	751	2	2,912	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	415	0	25	640	471	105.00
109.00	10900	PANCREAS ACQUISITION	52	0	0	0	18	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	210,928	1,007,898	2,078,210	3,074,028	448,049	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	52	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	259	0	244	257	0	194.01
194.02	07952	COMMUNITY CLINIC	52	0	0	14,480	0	194.02
194.03	07953	FUND RAISING	0	0	3,235	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	4,462	0	9,368	110,791	0	194.04
194.05	07955	PHYSICIAN CONTRACT	52	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	4,151	0	2,609	122	0	194.07
194.08	07958	INDUSTRIAL REHAB	1,401	0	791	9,177	0	194.08
194.10	07960	IN-SCHOOL CLINIC	311	0	5	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	141,898	39,334	0	194.13
194.14	07964	MARKETING	0	0	8	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	221,668	1,007,898	2,236,368	3,248,189	448,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 11:43 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	
	PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		20.00	21.00		22.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00540	OUTPATIENT REVENUES					5.03
5.04 00550	BUSINESS OFFICE					5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
18.00 01850	PARKING	576,415				18.00
20.00 02000	NURSING SCHOOL	7,763	1,602,042			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	34,934		2,103,746		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,628			1,016,184	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	1,045				23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	299				23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	149				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	158,997				30.00
31.00 03100	INTENSIVE CARE UNIT	38,517				31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	16,273				31.01
41.00 04100	SUBPROVIDER - IRF	9,405				41.00
43.00 04300	NURSERY	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,757				50.00
51.00 05100	RECOVERY ROOM	6,569				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,256				52.00
53.00 05300	ANESTHESIOLOGY	1,194				53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	38,667				54.00
57.00 05700	CT SCAN	5,374				57.00
58.00 05800	MRI	5,524				58.00
59.00 05900	CARDIAC CATHETERIZATION	4,927				59.00
60.00 06000	LABORATORY	36,875				60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0				62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,389				63.00
64.00 06400	INTRAVENOUS THERAPY	2,239				64.00
65.00 06500	RESPIRATORY THERAPY	15,825				65.00
66.00 06600	PHYSICAL THERAPY	19,557				66.00
68.00 06800	SPEECH PATHOLOGY	1,045				68.00
69.00 06900	ELECTROCARDIOLOGY	8,360				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,493				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	299				74.00
76.00 03950	DIAGNOSTIC SERVICES	4,927				76.00
76.01 03951	ENTEROSTOMAL	896				76.01
76.02 03952	DIABETIC SERVICE	3,284				76.02
76.03 03953	WOUND CARE	1,344				76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,374				76.04
76.05 03954	NEURODIAGNOSTIC CENTER	299				76.05
76.08 03956	SLEEP DISORDERS	3,583				76.08
76.09 03957	PAIN PROGRAM	1,941				76.09
76.10 03958	COMPELSEPSY	448				76.10
76.97 07697	CARDIAC REHABILITATION	1,493				76.97
76.99 07699	LITHOTRIPSY	0				76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	VOICE CLINIC	149				90.01
90.02 09002	LUNG CLINIC	0				90.02
90.04 09004	ST JUDE CLINIC	2,239				90.04
90.05 09005	SISTERS CLINIC	448				90.05
90.06 09006	SPECIAL CLINICS	1,344				90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM		
			PARKING	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
					Y & FRINGES APPRV	PRGM COSTS APPRV			
			18.00	20.00	21.00	22.00	23.00		
90.07	09007	PALLIATIVE CARE CLINIC	0						90.07
91.00	09100	EMERGENCY	41,503						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,538						92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	1,194						105.00
109.00	10900	PANCREAS ACQUISITION	149						109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	545,513	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0						190.00
194.00	07950	SISTERS CONVENT	149						194.00
194.01	07951	BRADLEY HEALTH SVC	746						194.01
194.02	07952	COMMUNITY CLINIC	149						194.02
194.03	07953	FUND RAISING	0						194.03
194.04	07954	OUTREACH PHYSICIAN	12,839						194.04
194.05	07955	PHYSICIAN CONTRACT	149						194.05
194.07	07957	RESEARCH, WELLNESS, WC	11,943						194.07
194.08	07958	INDUSTRIAL REHAB	4,031						194.08
194.10	07960	IN-SCHOOL CLINIC	896						194.10
194.11	07961	REGIONAL ACTIVITIES	0						194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0						194.12
194.13	07963	CFH - ASC LLC	0						194.13
194.14	07964	MARKETING	0						194.14
200.00		Cross Foot Adjustments		1,602,042	2,103,746	1,016,184		29,790	200.00
201.00		Negative Cost Centers	0	0	0	0		0	201.00
202.00		TOTAL (sum lines 118-201)	576,415	1,602,042	2,103,746	1,016,184		29,790	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 11:43 pm		
Cost Center Description			PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.02	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
18.00	01850	PARKING					18.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	27,921				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY		23,188			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			10,012,998	0	30.00
31.00	03100	INTENSIVE CARE UNIT			2,249,410	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			1,269,562	0	31.01
41.00	04100	SUBPROVIDER - IRF			319,317	0	41.00
43.00	04300	NURSERY			161,597	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			6,319,824	0	50.00
51.00	05100	RECOVERY ROOM			276,306	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			546,057	0	52.00
53.00	05300	ANESTHESIOLOGY			427,432	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			7,620,106	0	54.00
57.00	05700	CT SCAN			1,521,487	0	57.00
58.00	05800	MRI			3,000,526	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,213,431	0	59.00
60.00	06000	LABORATORY			2,897,326	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.			0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			321,709	0	63.00
64.00	06400	INTRAVENOUS THERAPY			332,752	0	64.00
65.00	06500	RESPIRATORY THERAPY			798,414	0	65.00
66.00	06600	PHYSICAL THERAPY			1,519,750	0	66.00
68.00	06800	SPEECH PATHOLOGY			66,731	0	68.00
69.00	06900	ELECTROCARDIOLOGY			606,981	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			55,962	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			5,878,379	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,173,488	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,095,933	0	73.00
74.00	07400	RENAL DIALYSIS			133,086	0	74.00
76.00	03950	DIGESTIVE DISEASES			1,266,236	0	76.00
76.01	03951	ENTEROSTOMAL			15,499	0	76.01
76.02	03952	DIABETIC SERVICE			173,212	0	76.02
76.03	03953	WOUND CARE			147,498	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			243,678	0	76.04
76.05	03954	NEURODIAGNOSTIC CENTER			47,126	0	76.05
76.08	03956	SLEEP DISORDERS			171,627	0	76.08
76.09	03957	PAIN PROGRAM			159,348	0	76.09
76.10	03958	COMPEPILEPSY			19,354	0	76.10
76.97	07697	CARDIAC REHABILITATION			56,826	0	76.97
76.99	07699	LITHOTRIPSY			3,393	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	VOICE CLINIC			63,458	0	90.01
90.02	09002	LUNG CLINIC			16,316	0	90.02
90.04	09004	ST JUDE CLINIC			156,616	0	90.04
90.05	09005	SYSTEMS CLINIC			24,201	0	90.05
90.06	09006	SPECIAL CLINICS			87,556	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
90.07	09007	PALLIATIVE CARE CLINIC			0	0	0	90.07
91.00	09100	EMERGENCY			1,411,310	0	1,411,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			157,949	0	157,949	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES			14,001	0	14,001	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			132,183	0	132,183	105.00
109.00	10900	PANCREAS ACQUISITION			28,104	0	28,104	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	54,214,055	0	54,214,055	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			30,000	0	30,000	190.00
194.00	07950	SISTERS CONVENT			1,651	0	1,651	194.00
194.01	07951	BRADLEY HEALTH SVC			20,663	0	20,663	194.01
194.02	07952	COMMUNITY CLINIC			25,564	0	25,564	194.02
194.03	07953	FUND RAISING			239,748	0	239,748	194.03
194.04	07954	OUTREACH PHYSICIAN			2,565,045	0	2,565,045	194.04
194.05	07955	PHYSICIAN CONTRACT			77,477	0	77,477	194.05
194.07	07957	RESEARCH, WELLNESS, WC			440,512	0	440,512	194.07
194.08	07958	INDUSTRIAL REHAB			300,921	0	300,921	194.08
194.10	07960	IN-SCHOOL CLINIC			129,239	0	129,239	194.10
194.11	07961	REGIONAL ACTIVITIES			19,809	0	19,809	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG			381,950	0	381,950	194.12
194.13	07963	CFH - ASC LLC			2,023,940	0	2,023,940	194.13
194.14	07964	MARKETING			1,538	0	1,538	194.14
200.00		Cross Foot Adjustments	27,921	23,188	4,802,871	0	4,802,871	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	27,921	23,188	65,274,983	0	65,274,983	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUISITION)	ADMITTING (TOTAL GROSS REVENUES)	
	BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,615,029				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		27,567,937			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,509	809	297,922,786		4.00
5.01 00560	PURCHASING RECEIVING AND STORES	4,427	17,845	1,001,562	11,609,966	5.01
5.02 00570	ADMITTING	7,332	0	0	0	3,928,784,152 5.02
5.03 00540	OUTPATIENT REVENUES	2,053	942	299,430	4,787	0 5.03
5.04 00550	BUSINESS OFFICE	0	0	0	0	0 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	124,290	16,123,385	19,672,876	515,669	0 5.05
6.00 00600	MAINTENANCE & REPAIRS	287,581	1,262,779	5,599,001	2,128,476	0 6.00
7.00 00700	OPERATION OF PLANT	27,207	131,339	2,561,227	632,307	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,593	0	222,808	2,362	0 8.00
9.00 00900	HOUSEKEEPING	12,159	12,587	5,765,726	546,417	0 9.00
10.00 01000	DIETARY	11,236	34,029	3,294,273	41,121	0 10.00
11.00 01100	CAFETERIA	5,904	18,382	1,811,330	20,174	0 11.00
13.00 01300	NURSING ADMINISTRATION	15,358	277,821	5,888,227	82,265	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	31,763	383,098	3,582,222	687,446	0 14.00
15.00 01500	PHARMACY	92,479	270,484	11,293,506	131,591	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	11,449	469	3,506,873	3,634	0 16.00
18.00 01850	PARKING	53	502,785	0	2,081	0 18.00
20.00 02000	NURSING SCHOOL	69,965	120,838	4,400,481	52,665	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	71,996	0	13,622,922	21,438	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,149	4,974	8,378,080	3,994	0 22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	519	0	487,434	456	0 23.00
23.01 02301	PARAMEDICAL EDUC X-RAY	1,161	0	125,939	0	0 23.01
23.02 02302	PARAMEDICAL EDUC DIETARY	962	0	87,998	185	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	282,941	511,341	56,034,131	2,691,228	224,669,151 30.00
31.00 03100	INTENSIVE CARE UNIT	40,519	373,906	15,082,403	1,097,998	111,880,310 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	27,789	283,383	7,442,172	218,293	32,667,805 31.01
41.00 04100	SUBPROVIDER - I RF	4,503	17,437	3,095,003	158,954	10,196,348 41.00
43.00 04300	NURSERY	1,246	0	3,000,515	25,813	20,148,579 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	98,709	1,234,809	15,311,074	622,235	316,000,881 50.00
51.00 05100	RECOVERY ROOM	5,386	9,022	2,843,017	18,318	52,410,429 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,527	108,504	2,231,860	81,299	21,790,062 52.00
53.00 05300	ANESTHESIOLOGY	1,277	228,249	473,863	57,780	181,145,061 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	79,535	2,305,401	15,662,570	191,127	399,329,241 54.00
57.00 05700	CT SCAN	3,839	87,331	2,141,693	19,458	120,081,718 57.00
58.00 05800	MRI	15,321	188,592	2,443,710	15,139	66,353,736 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,402	425,690	2,100,347	34,206	218,258,318 59.00
60.00 06000	LABORATORY	33,672	657,587	10,675,578	58,699	447,194,017 60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	7,587	821	745,775	530	17,445,755 63.00
64.00 06400	INTRAVENOUS THERAPY	2,233	16,265	1,004,846	14,415	3,226,367 64.00
65.00 06500	RESPIRATORY THERAPY	8,131	257,120	5,926,354	23,900	152,168,581 65.00
66.00 06600	PHYSICAL THERAPY	27,354	263,273	8,440,285	165,365	43,689,393 66.00
68.00 06800	SPEECH PATHOLOGY	1,380	13,059	493,688	4,845	4,330,318 68.00
69.00 06900	ELECTROCARDIOLOGY	8,394	88,075	2,954,517	9,238	88,767,476 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	245	21,894	463,823	3,232	15,992,175 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	506,968	349,491,819 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	234,806,339 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	8,486	1,953	0	527,093,146 73.00
74.00 07400	RENAL DIALYSIS	2,585	3,999	136,625	7,512	13,087,265 74.00
76.00 03950	DIGESTIVE DISEASES	9,135	379,044	1,988,300	282,347	56,562,481 76.00
76.01 03951	ENTEROSTOMAL	0	0	354,115	13	1,768,469 76.01
76.02 03952	DIABETIC SERVICE	4,522	4,698	1,251,237	4,286	2,468,940 76.02
76.03 03953	WOUND CARE	4,336	8,048	563,059	21,746	7,953,254 76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,517	7,364	2,202,836	4,421	7,428,660 76.04
76.05 03954	NEURODIAGNOSTIC CENTER	1,275	0	147,072	1,395	0 76.05
76.08 03956	SLEEP DISORDERS	4,149	33,326	1,009,262	2,132	14,767,486 76.08
76.09 03957	PAIN PROGRAM	5,400	10,372	782,474	5,863	8,826,515 76.09
76.10 03958	COMP EPILEPSY	440	0	129,626	0	0 76.10
76.97 07697	CARDIAC REHABILITATION	222	17,084	482,845	249	1,846,487 76.97
76.99 07699	LITHOTRIpsy	0	0	0	0	1,909,928 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	VOICE CLINIC	495	46,538	70,435	2,459	1,126,322 90.01
90.02 09002	LUNG CLINIC	618	3,428	0	65	632,155 90.02
90.04 09004	ST JUDE CLINIC	6,606	4,206	884,771	13,115	2,366,751 90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUISITION)	ADMITTING (TOTAL GROSS REVENUES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
90.05	09005	SISTERS CLINIC	0	16,719	152,453	139	0	90.05
90.06	09006	SPECIAL CLINICS	273	1,740	633,481	1,565	386,963	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	36,319	108,927	13,884,800	261,786	118,679,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	95,276	1,146,705	46,106	25,545,036	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	12,170	40,946	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,894	516,461	915	4,135,642	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	16,341	0	155,588	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,550,027	27,017,644	276,564,936	11,552,222	3,928,784,152	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	8,556	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	51,515	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	462,551	772	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	77,163	0	0	194.02
194.03	07953	FUND RAISING	171	2,864	0	1,175	0	194.03
194.04	07954	OUTREACH PHYSICIAN	32,967	113,846	12,661,007	33,515	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	135,643	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	1,438	51,333	2,153,871	12,964	0	194.07
194.08	07958	INDUSTRIAL REHAB	6,548	5,284	1,837,597	7,661	0	194.08
194.10	07960	IN-SCHOOL CLINIC	5,825	55	382,583	1,657	0	194.10
194.11	07961	REGIONAL ACTIVITIES	977	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	368,355	0	0	0	194.12
194.13	07963	CFH - ASC LLC	15,961	0	3,595,920	0	0	194.13
194.14	07964	MARKETING	73	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	21,592,192	27,802,069	105,098,239	4,703,675	98,025	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.369538	1.008493	0.352770	0.405141	0.000025	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			128,393	182,540	98,025	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000431	0.015723	0.000025	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00540	OUTPATIENT REVENUES	1,631,436,058				5.03
5.04	00550	BUSINESS OFFICE	0				5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	3,928,784,152			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	-139,666,316	675,427,031	1,179,837
7.00	00700	OPERATION OF PLANT	0	0	0	11,451,550	27,207
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,833,260	3,593
9.00	00900	HOUSEKEEPING	0	0	0	10,965,767	12,159
10.00	01000	DIETARY	0	0	0	5,331,139	11,236
11.00	01100	CAFETERIA	0	0	0	3,000,822	5,904
13.00	01300	NURSING ADMINISTRATION	0	0	0	14,636,732	15,358
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	7,614,855	31,763
15.00	01500	PHARMACY	0	0	0	15,973,669	92,479
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	6,270,630	11,449
18.00	01850	PARKING	0	0	0	1,573,437	53
20.00	02000	NURSING SCHOOL	0	0	0	2,630,960	69,965
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	20,895,270	71,996
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	30,653,677	4,149
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	633,040	519
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	154,796	1,161
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	135,005	962
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	224,669,151	0	89,355,646	282,941
31.00	03100	INTENSIVE CARE UNIT	0	111,880,310	0	26,334,025	40,519
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	32,667,805	0	11,545,816	27,789
41.00	04100	SUBPROVIDER - IRF	0	10,196,348	0	4,699,494	4,503
43.00	04300	NURSERY	0	20,148,579	0	4,598,716	1,246
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	139,192,191	316,000,881	0	32,654,877	98,709
51.00	05100	RECOVERY ROOM	31,233,303	52,410,429	0	4,063,517	5,386
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,262,942	21,790,062	0	3,918,696	12,527
53.00	05300	ANESTHESIOLOGY	88,687,439	181,145,061	0	2,505,386	1,277
54.00	05400	RADIOLOGY-DIAGNOSTIC	275,596,213	399,329,241	0	31,476,664	79,535
57.00	05700	CT SCAN	68,676,680	120,081,718	0	4,884,248	3,839
58.00	05800	MRI	45,122,949	66,353,736	0	6,499,033	15,321
59.00	05900	CARDIAC CATHETERIZATION	132,234,362	218,258,318	0	3,779,891	8,402
60.00	06000	LABORATORY	234,022,648	447,194,017	0	29,608,918	33,672
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,605,538	17,445,755	0	5,763,382	7,587
64.00	06400	INTRAVENOUS THERAPY	3,173,556	3,226,367	0	1,792,242	2,233
65.00	06500	RESPIRATORY THERAPY	11,963,730	152,168,581	0	9,557,591	8,131
66.00	06600	PHYSICAL THERAPY	12,058,002	43,689,393	0	12,992,045	27,354
68.00	06800	SPEECH PATHOLOGY	588,634	4,330,318	0	754,354	1,380
69.00	06900	ELECTROCARDIOLOGY	54,260,789	88,767,476	0	3,726,884	8,394
70.00	07000	ELECTROENCEPHALOGRAPHY	2,298,239	15,992,175	0	844,029	245
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,037,139	349,491,819	0	34,894,404	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,161,333	234,806,339	0	40,449,922	0
73.00	07300	DRUGS CHARGED TO PATIENTS	175,679,494	527,093,146	0	35,881,459	0
74.00	07400	RENAL DIALYSIS	1,111,162	13,087,265	0	2,617,574	2,585
76.00	03950	DIGESTIVE DISEASES	33,058,987	56,562,481	0	4,376,447	9,135
76.01	03951	ENTEROSTOMAL	52,706	1,768,469	0	491,045	0
76.02	03952	DIABETIC SERVICE	2,468,940	2,468,940	0	1,789,431	4,522
76.03	03953	WOUND CARE	7,918,347	7,953,254	0	1,196,042	4,336
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,076,728	7,428,660	0	2,742,351	7,517
76.05	03954	NEURODIAGNOSTIC CENTER	0	0	0	389,166	1,275
76.08	03956	SLEEP DISORDERS	14,747,118	14,767,486	0	1,604,699	4,149
76.09	03957	PAIN PROGRAM	8,824,310	8,826,515	0	1,260,030	5,400
76.10	03958	COMP EPILEPSY	0	0	0	352,671	440
76.97	07697	CARDIAC REHABILITATION	1,318,517	1,846,487	0	698,764	222
76.99	07699	LITHOTRIPSY	1,865,536	1,909,928	0	109,782	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	VOICE CLINIC	1,126,322	1,126,322	0	221,644	495
90.02	09002	LUNG CLINIC	628,934	632,155	0	27,616	618
90.04	09004	ST JUDE CLINIC	2,269,364	2,366,751	0	478,751	6,606
90.05	09005	SISTERS CLINIC	0	0	0	236,368	0
90.06	09006	SPECIAL CLINICS	374,803	386,963	0	1,085,319	273
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
91.00	09100	EMERGENCY	83,502,107	118,679,185	0	16,259,705	36,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	21,714,465	25,545,036	0	1,864,409	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	60,681	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	522,531	4,135,642	0	2,645,879	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	155,588	0	55,289	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,631,436,058	3,928,784,152	-139,666,316	610,639,165	1,114,835	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	22,560	1,042	190.00
194.00	07950	SISTERS CONVENT	0	0	0	50,692	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	672,439	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	385,090	0	194.02
194.03	07953	FUND RAISING	0	0	0	6,128,679	171	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	33,113,203	32,967	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	2,740,673	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	4,394,328	1,438	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	2,040,666	6,548	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	365,792	5,825	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	13,062	977	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	371,483	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	14,486,433	15,961	194.13
194.14	07964	MARKETING	0	0	0	2,766	73	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	466,693	162		139,666,316	39,509,625	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000286	0.000000		0.206782	33.487359	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,602	0		19,030,436	6,078,034	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000018	0.000000		0.028175	5.151588	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,152,630				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,593	4,243,590			8.00
9.00	00900	HOUSEKEEPING	12,159	77,568	1,120,201		9.00
10.00	01000	DIETARY	11,236	0	11,236	880,020	10.00
11.00	01100	CAFETERIA	5,904	0	5,904	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,358	0	15,358	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,763	90,039	31,763	0	14.00
15.00	01500	PHARMACY	92,479	0	92,479	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,449	0	11,449	0	16.00
18.00	01850	PARKING	53	0	53	0	18.00
20.00	02000	NURSING SCHOOL	69,965	0	69,965	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	71,996	7,862	71,996	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,149	0	4,149	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	519	0	519	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,161	0	1,161	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	962	0	962	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	282,941	2,037,542	282,941	722,243	30.00
31.00	03100	INTENSIVE CARE UNIT	40,519	283,571	40,519	102,526	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	27,789	155,597	27,786	0	31.01
41.00	04100	SUBPROVIDER - I RF	4,503	126,070	4,503	46,705	41.00
43.00	04300	NURSERY	1,246	40,213	1,246	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	98,709	339,684	98,709	0	50.00
51.00	05100	RECOVERY ROOM	5,386	0	5,386	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,527	110,574	12,527	8,546	52.00
53.00	05300	ANESTHESIOLOGY	1,277	0	1,277	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,535	248,760	79,535	0	54.00
57.00	05700	CT SCAN	3,839	101,531	3,839	0	57.00
58.00	05800	MRI	15,321	40,728	15,321	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,402	121,513	8,402	0	59.00
60.00	06000	LABORATORY	33,672	30,559	33,672	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,587	0	7,587	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,233	9,047	2,233	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,131	9,369	8,131	0	65.00
66.00	06600	PHYSICAL THERAPY	27,354	13,167	27,354	0	66.00
68.00	06800	SPEECH PATHOLOGY	1,380	6,745	1,380	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,394	18,812	8,394	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	245	13,687	245	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,585	24,543	2,585	0	74.00
76.00	03950	DIGESTIVE DISEASES	9,135	77,264	9,135	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	4,522	0	4,522	0	76.02
76.03	03953	WOUND CARE	4,336	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,517	0	7,517	0	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	1,275	0	1,275	0	76.05
76.08	03956	SLEEP DISORDERS	4,149	15,563	4,149	0	76.08
76.09	03957	PAIN PROGRAM	5,400	0	0	0	76.09
76.10	03958	COMP EPILEPSY	440	0	440	0	76.10
76.97	07697	CARDIAC REHABILITATION	222	0	222	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	VOICE CLINIC	495	0	0	0	90.01
90.02	09002	LUNG CLINIC	618	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	6,606	8,082	6,606	0	90.04
90.05	09005	SISTERS CLINIC	0	0	0	0	90.05
90.06	09006	SPECIAL CLINICS	273	0	273	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY	36,319	216,764	36,319	0	278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	17	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	8	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	1	109.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,087,628	4,224,854	1,061,024	880,020	4,065	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	0	1,042	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	1	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	5	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	1	194.02
194.03	07953	FUND RAISING	171	0	171	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	32,967	18,736	32,967	0	86	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	1	194.05
194.07	07957	RESEARCH, WELLNESS, WC	1,438	0	1,438	0	80	194.07
194.08	07958	INDUSTRIAL REHAB	6,548	0	6,548	0	27	194.08
194.10	07960	IN-SCHOOL CLINIC	5,825	0	0	0	6	194.10
194.11	07961	REGIONAL ACTIVITIES	977	0	977	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	15,961	0	15,961	0	0	194.13
194.14	07964	MARKETING	73	0	73	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,730,615	3,585,366	13,861,391	7,092,417	3,967,556	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.780003	0.844890	12.374021	8.059382	928.735019	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	998,389	149,619	573,154	410,174	221,668	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.866183	0.035258	0.511653	0.466096	51.888577	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQ UI S I T I O)	PHARMACY (COSTED REQ UI S I T I O)	MEDICAL RECORDS & LIBRARY (TOTAL GROS REVENUES)	OTHER GENERAL SERVICE PARKING (FTE)	
	(FTE)	(COSTED REQ UI S I T I O)	(COSTED REQ UI S I T I O)	(TOTAL GROS REVENUES)	(FTE)	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00540 OUTPATIENT REVENUES						5.03
5.04 00550 BUSINESS OFFICE						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	188,398					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	42,071,607				14.00
15.00 01500 PHARMACY	0	0	40,395,006			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	3,928,784,152		16.00
18.00 01850 PARKING	0	0	0	0	3,861	18.00
20.00 02000 NURSING SCHOOL	0	11,332	398	0	52	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	1,191	0	0	234	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	91,550	4,647	0	31	22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	7	23.00
23.01 02301 PARAMEDICAL EDUC X-RAY	0	0	0	0	2	23.01
23.02 02302 PARAMEDICAL EDUC DIETARY	0	0	0	0	1	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	106,505	1,103,846	0	224,669,151	1,065	30.00
31.00 03100 INTENSIVE CARE UNIT	25,819	601,135	54,658	111,880,310	258	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	10,883	161,942	0	32,667,805	109	31.01
41.00 04100 SUBPROVIDER - I RF	6,312	30,789	153	10,196,348	63	41.00
43.00 04300 NURSERY	0	24,752	0	20,148,579	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	27,260	0	0	316,000,881	273	50.00
51.00 05100 RECOVERY ROOM	4,360	68,728	4,374	52,410,429	44	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,247	336,055	0	21,790,062	62	52.00
53.00 05300 ANESTHESIOLOGY	776	679,271	391,599	181,145,061	8	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	399,329,241	259	54.00
57.00 05700 CT SCAN	0	310,191	0	120,081,718	36	57.00
58.00 05800 MRI	0	358,819	0	66,353,736	37	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	218,258,318	33	59.00
60.00 06000 LABORATORY	0	221,860	0	447,194,017	247	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	27,833	313	17,445,755	16	63.00
64.00 06400 INTRAVENOUS THERAPY	0	38,052	0	3,226,367	15	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	651	152,168,581	106	65.00
66.00 06600 PHYSICAL THERAPY	0	108,505	208	43,689,393	131	66.00
68.00 06800 SPEECH PATHOLOGY	0	43,251	0	4,330,318	7	68.00
69.00 06900 ELECTROCARDIOLOGY	0	20,450	422	88,767,476	56	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,071	0	15,992,175	10	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,917,894	37,730,679	349,491,819	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	234,806,339	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	216	0	527,093,146	0	73.00
74.00 07400 RENAL DIALYSIS	0	10,909	0	13,087,265	2	74.00
76.00 03950 DIGESTIVE DISEASES	0	0	0	56,562,481	33	76.00
76.01 03951 ENTEROSTOMAL	0	1,073	0	1,768,469	6	76.01
76.02 03952 DIABETIC SERVICE	0	194	0	2,468,940	22	76.02
76.03 03953 WOUND CARE	0	212,132	0	7,953,254	9	76.03
76.04 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	41	0	7,428,660	36	76.04
76.05 03954 NEURODIAGNOSTIC CENTER	236	461	30,177	0	2	76.05
76.08 03956 SLEEP DISORDERS	0	5,190	3	14,767,486	24	76.08
76.09 03957 PAIN PROGRAM	0	80,207	15	8,826,515	13	76.09
76.10 03958 COMPL. EPILEPSY	0	0	7	0	3	76.10
76.97 07697 CARDIAC REHABILITATION	0	523	1,484	1,846,487	10	76.97
76.99 07699 LI THOTRI PSY	0	0	0	1,909,928	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 VOICE CLINIC	0	4,454	0	1,126,322	1	90.01
90.02 09002 LUNG CLINIC	0	0	0	632,155	0	90.02
90.04 09004 ST JUDE CLINIC	0	59,704	0	2,366,751	15	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description	NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI S I T I O)	PHARMACY (COSTED REQ UI S I T I O)	MEDICAL RECORDS & LIBRARY (TOTAL GROS REVENUES)	OTHER GENERAL SERVICE PARKING (FTE)	
	13.00	14.00	15.00	16.00	18.00	
90.05 09005 SISTERS CLINIC	0	159	0	0	3	90.05
90.06 09006 SPECIAL CLINICS	0	85	1,362	386,963	9	90.06
90.07 09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	544,807	0	118,679,185	278	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	14,126	22	25,545,036	17	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	463	7,964	4,135,642	8	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	155,588	1	109.00
118.00	188,398	39,096,261	38,229,136	3,928,784,152	3,654	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 SISTERS CONVENT	0	0	0	0	1	194.00
194.01 07951 BRADLEY HEALTH SVC	0	4,582	3,192	0	5	194.01
194.02 07952 COMMUNITY CLINIC	0	0	180,078	0	1	194.02
194.03 07953 FUND RAISING	0	60,865	0	0	0	194.03
194.04 07954 OUTREACH PHYSICIAN	0	176,227	1,377,803	0	86	194.04
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	1	194.05
194.07 07957 RESEARCH, WELLNESS, WC	0	49,079	1,514	0	80	194.07
194.08 07958 INDUSTRIAL REHAB	0	14,878	114,126	0	27	194.08
194.10 07960 IN-SCHOOL CLINIC	0	100	0	0	6	194.10
194.11 07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13 07963 CFH - ASC LLC	0	2,669,467	489,157	0	0	194.13
194.14 07964 MARKETING	0	148	0	0	0	194.14
200.00						200.00
201.00						201.00
202.00	18,653,118	11,227,544	24,822,425	8,309,252	1,901,903	202.00
203.00	99.009108	0.266867	0.614492	0.002115	492.593370	203.00
204.00	1,007,898	2,236,368	3,248,189	448,049	576,415	204.00
205.00	5.349834	0.053156	0.080411	0.000114	149.291634	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM (DIRECT ALL OCATION)	PARAMEDICAL EDUC X-RAY (DIRECT ALL OCATION)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00560	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00540	OUTPATIENT REVENUES					5.03
5.04 00550	BUSINESS OFFICE					5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
18.00 01850	PARKING					18.00
20.00 02000	NURSING SCHOOL	84,423				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		610,715			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			610,715		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM				100	23.00
23.01 02301	PARAMEDICAL EDUC X-RAY					100
23.02 02302	PARAMEDICAL EDUC DIETARY					100
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	69,254	233,814	233,814	0	0
31.00 03100	INTENSIVE CARE UNIT	2,816	29,232	29,232	0	0
31.01 02060	NEONATAL INTENSIVE CARE UNIT	2,576	19,544	19,544	0	0
41.00 04100	SUBPROVIDER - I&R	0	296	296	0	0
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,968	53,680	53,680	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,614	27,096	27,096	0	0
53.00 05300	ANESTHESIOLOGY	0	4,554	4,554	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	544	44,632	44,632	0	100
57.00 05700	CT SCAN	0	3,944	3,944	0	0
58.00 05800	MRI	0	3,144	3,144	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	21,976	21,976	0	0
60.00 06000	LABORATORY	32	1,960	1,960	0	0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	544	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	208	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	3,152	3,152	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,936	2,936	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
76.00 03950	DIGESTIVE DISEASES	544	0	0	0	0
76.01 03951	ENTEROSTOMAL	48	0	0	0	0
76.02 03952	DIABETIC SERVICE	42	0	0	0	0
76.03 03953	WOUND CARE	280	0	0	0	0
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	72	0	0	0	0
76.05 03954	NEURODIAGNOSTIC CENTER	336	0	0	0	0
76.08 03956	SLEEP DISORDERS	0	1,720	1,720	0	0
76.09 03957	PAIN PROGRAM	0	0	0	0	0
76.10 03958	COMP EPILEPSY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	VOICE CLINIC	0	0	0	0	0
90.02 09002	LUNG CLINIC	0	0	0	0	0
90.04 09004	ST JUDE CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM (DIRECT ALL OCATION)	PARAMEDICAL EDUC X-RAY (DIRECT ALL OCATION)	
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00			
90.05 09005 SISTERS CLINIC	0	6,120	6,120	0	0	90.05
90.06 09006 SPECIAL CLINICS	0	0	0	0	0	90.06
90.07 09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	1,126	88,984	88,984	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,056	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	84,060	546,784	546,784	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 SISTERS CONVENT	0	0	0	0	0	194.00
194.01 07951 BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02 07952 COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03 07953 FUND RAISING	0	0	0	0	0	194.03
194.04 07954 OUTREACH PHYSICIAN	0	63,931	63,931	0	0	194.04
194.05 07955 PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07 07957 RESEARCH, WELLNESS, WC	336	0	0	0	0	194.07
194.08 07958 INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10 07960 IN-SCHOOL CLINIC	27	0	0	0	0	194.10
194.11 07961 REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13 07963 CFH - ASC LLC	0	0	0	0	0	194.13
194.14 07964 MARKETING	0	0	0	0	0	194.14
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,355,017	29,777,533	37,306,958	804,325	257,730	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	87.121010	48.758477	61.087345	8,043.250000	2,577.300000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,602,042	2,103,746	1,016,184	29,790	27,921	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	18.976369	3.444726	1.663925	297.900000	279.210000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		PARAMEDICAL EDUC DIETARY (DIRECT ALLO- CATION)	
		23.02	
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950 SISTERS CONVENT	0	194.00
194.01	07951 BRADLEY HEALTH SVC	0	194.01
194.02	07952 COMMUNITY CLINIC	0	194.02
194.03	07953 FUND RAISING	0	194.03
194.04	07954 OUTREACH PHYSICIAN	0	194.04
194.05	07955 PHYSICIAN CONTRACT	0	194.05
194.07	07957 RESEARCH, WELLNESS, WC	0	194.07
194.08	07958 INDUSTRIAL REHAB	0	194.08
194.10	07960 IN-SCHOOL CLINIC	0	194.10
194.11	07961 REGIONAL ACTIVITIES	0	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG	0	194.12
194.13	07963 CFH - ASC LLC	0	194.13
194.14	07964 MARKETING	0	194.14
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	220,757	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,207.570000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,188	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	231.880000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 11:43 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	151,050,000		151,050,000	56,335	151,106,335	30.00
31.00	03100 INTENSIVE CARE UNIT	38,820,388		38,820,388	147,960	38,968,348	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	17,263,468		17,263,468	0	17,263,468	31.01
41.00	04100 SUBPROVIDER - IRF	7,162,619		7,162,619	0	7,162,619	41.00
43.00	04300 NURSERY	5,705,910		5,705,910	0	5,705,910	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	49,409,553		49,409,553	869,868	50,279,421	50.00
51.00	05100 RECOVERY ROOM	5,845,716		5,845,716	0	5,845,716	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,696,045		6,696,045	0	6,696,045	52.00
53.00	05300 ANESTHESIOLOGY	3,991,573		3,991,573	0	3,991,573	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	44,377,519		44,377,519	45,004	44,422,523	54.00
57.00	05700 CT SCAN	6,593,050		6,593,050	0	6,593,050	57.00
58.00	05800 MRI	9,064,455		9,064,455	0	9,064,455	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,665,395		5,665,395	0	5,665,395	59.00
60.00	06000 LABORATORY	39,090,779		39,090,779	0	39,090,779	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	7,467,318		7,467,318	0	7,467,318	63.00
64.00	06400 INTRAVENOUS THERAPY	2,387,128		2,387,128	2,089	2,389,217	64.00
65.00	06500 RESPIRATORY THERAPY	12,491,556	0	12,491,556	0	12,491,556	65.00
66.00	06600 PHYSICAL THERAPY	17,601,448	0	17,601,448	53,825	17,655,273	66.00
68.00	06800 SPEECH PATHOLOGY	1,045,736	0	1,045,736	0	1,045,736	68.00
69.00	06900 ELECTROCARDIOLOGY	5,278,720		5,278,720	1,089	5,279,809	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,093,612		1,093,612	0	1,093,612	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	75,085,917		75,085,917	0	75,085,917	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	49,310,853		49,310,853	0	49,310,853	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	44,415,835		44,415,835	0	44,415,835	73.00
74.00	07400 RENAL DIALYSIS	3,364,598		3,364,598	0	3,364,598	74.00
76.00	03950 DIGESTIVE DISEASES	6,096,314		6,096,314	0	6,096,314	76.00
76.01	03951 ENTEROSTOMAL	609,320		609,320	0	609,320	76.01
76.02	03952 DIABETIC SERVICE	2,464,831		2,464,831	0	2,464,831	76.02
76.03	03953 WOUND CARE	1,754,595		1,754,595	0	1,754,595	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,823,390		3,823,390	0	3,823,390	76.04
76.05	03954 NEURODIAGNOSTIC CENTER	618,555		618,555	10,592	629,147	76.05
76.08	03956 SLEEP DISORDERS	2,259,706		2,259,706	39,968	2,299,674	76.08
76.09	03957 PAIN PROGRAM	1,828,986		1,828,986	35,747	1,864,733	76.09
76.10	03958 COMPILEPSY	455,667		455,667	11,110	466,777	76.10
76.97	07697 CARDIAC REHABILITATION	875,444		875,444	7,344	882,788	76.97
76.99	07699 LI THOTRI PSY	136,522		136,522	0	136,522	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 VOICE CLINIC	295,371		295,371	21,393	316,764	90.01
90.02	09002 LUNG CLINIC	63,256		63,256	0	63,256	90.02
90.04	09004 ST JUDE CLINIC	1,014,220		1,014,220	0	1,014,220	90.04
90.05	09005 SISTERS CLINIC	289,551		289,551	0	289,551	90.05
90.06	09006 SPECIAL CLINICS	1,340,222		1,340,222	1,170	1,341,392	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0		0	0	0	90.07
91.00	09100 EMERGENCY	23,628,806		23,628,806	761,495	24,390,301	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,858,394		10,858,394	0	10,858,394	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,423,909		2,423,909	0	2,423,909	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	73,229		73,229	0	73,229	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	3,218,135		3,218,135	0	3,218,135	105.00
109.00	10900 PANCREAS ACQUISITION	68,473		68,473	0	68,473	109.00
200.00	Subtotal (see instructions)	674,476,087	0	674,476,087	2,064,989	676,541,076	200.00
201.00	Less Observation Beds	10,858,394		10,858,394	0	10,858,394	201.00
202.00	Total (see instructions)	663,617,693	0	663,617,693	2,064,989	665,682,682	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/27/2017 11:43 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	224,669,151		224,669,151				30.00
31.00	03100	INTENSIVE CARE UNIT	111,880,310		111,880,310				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	32,667,805		32,667,805				31.01
41.00	04100	SUBPROVIDER - IRF	10,196,348		10,196,348				41.00
43.00	04300	NURSERY	20,148,579		20,148,579				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	176,808,690	139,192,191	316,000,881	0.156359	0.000000		50.00
51.00	05100	RECOVERY ROOM	21,177,126	31,233,303	52,410,429	0.111537	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,527,120	2,262,942	21,790,062	0.307298	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	92,457,622	88,687,439	181,145,061	0.022035	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,733,028	275,596,213	399,329,241	0.111130	0.000000		54.00
57.00	05700	CT SCAN	51,405,038	68,676,680	120,081,718	0.054905	0.000000		57.00
58.00	05800	MRI	21,230,787	45,122,949	66,353,736	0.136608	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	86,023,956	132,234,362	218,258,318	0.025957	0.000000		59.00
60.00	06000	LABORATORY	213,171,369	234,022,648	447,194,017	0.087413	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,840,217	2,605,538	17,445,755	0.428031	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	52,811	3,173,556	3,226,367	0.739881	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	140,204,851	11,963,730	152,168,581	0.082090	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	31,631,391	12,058,002	43,689,393	0.402877	0.000000		66.00
68.00	06800	SPEECH PATHOLOGY	3,741,684	588,634	4,330,318	0.241492	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	34,506,687	54,260,789	88,767,476	0.059467	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,693,936	2,298,239	15,992,175	0.068384	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,454,680	99,037,139	349,491,819	0.214843	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,645,006	65,161,333	234,806,339	0.210006	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	351,413,652	175,679,494	527,093,146	0.084266	0.000000		73.00
74.00	07400	RENAL DIALYSIS	11,976,103	1,111,162	13,087,265	0.257089	0.000000		74.00
76.00	03950	DIAGNOSTIC SERVICES	23,503,494	33,058,987	56,562,481	0.107780	0.000000		76.00
76.01	03951	ENTEROSTOMAL	1,715,763	52,706	1,768,469	0.344547	0.000000		76.01
76.02	03952	DIABETIC SERVICE	0	2,468,940	2,468,940	0.998336	0.000000		76.02
76.03	03953	WOUND CARE	34,907	7,918,347	7,953,254	0.220613	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,351,932	6,076,728	7,428,660	0.514681	0.000000		76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0	0	0	0.000000	0.000000		76.05
76.08	03956	SLEEP DISORDERS	20,368	14,747,118	14,767,486	0.153019	0.000000		76.08
76.09	03957	PAIN PROGRAM	2,205	8,824,310	8,826,515	0.207215	0.000000		76.09
76.10	03958	COMPELSEPSY	0	0	0	0.000000	0.000000		76.10
76.97	07697	CARDIAC REHABILITATION	527,970	1,318,517	1,846,487	0.474113	0.000000		76.97
76.99	07699	LITHOTRIPSY	44,392	1,865,536	1,909,928	0.071480	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	VOICE CLINIC	0	1,126,322	1,126,322	0.262244	0.000000		90.01
90.02	09002	LUNG CLINIC	3,221	628,934	632,155	0.100064	0.000000		90.02
90.04	09004	ST JUDE CLINIC	97,387	2,269,364	2,366,751	0.428528	0.000000		90.04
90.05	09005	SISTERS CLINIC	0	0	0	0.000000	0.000000		90.05
90.06	09006	SPECIAL CLINICS	22,160	364,803	386,963	3.463437	0.000000		90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0.000000	0.000000		90.07
91.00	09100	EMERGENCY	35,177,078	83,502,107	118,679,185	0.199098	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,830,571	21,714,465	25,545,036	0.094888	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	3,613,111	522,531	4,135,642				105.00
109.00	10900	PANCREAS ACQUISITION	155,588	0	155,588				109.00
200.00		Subtotal (see instructions)	2,297,358,094	1,631,426,058	3,928,784,152				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,297,358,094	1,631,426,058	3,928,784,152				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 11:43 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.159112		50.00
51.00	05100	RECOVERY ROOM	0.111537		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.307298		52.00
53.00	05300	ANESTHESIOLOGY	0.022035		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111243		54.00
57.00	05700	CT SCAN	0.054905		57.00
58.00	05800	MRI	0.136608		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.025957		59.00
60.00	06000	LABORATORY	0.087413		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.428031		63.00
64.00	06400	INTRAVENOUS THERAPY	0.740529		64.00
65.00	06500	RESPIRATORY THERAPY	0.082090		65.00
66.00	06600	PHYSICAL THERAPY	0.404109		66.00
68.00	06800	SPEECH PATHOLOGY	0.241492		68.00
69.00	06900	ELECTROCARDIOLOGY	0.059479		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.068384		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.214843		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210006		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084266		73.00
74.00	07400	RENAL DIALYSIS	0.257089		74.00
76.00	03950	DIGESTIVE DISEASES	0.107780		76.00
76.01	03951	ENTEROSTOMAL	0.344547		76.01
76.02	03952	DIABETIC SERVICE	0.998336		76.02
76.03	03953	WOUND CARE	0.220613		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.514681		76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0.000000		76.05
76.08	03956	SLEEP DISORDERS	0.155725		76.08
76.09	03957	PAIN PROGRAM	0.211265		76.09
76.10	03958	COMPEPILEPSY	0.000000		76.10
76.97	07697	CARDIAC REHABILITATION	0.478091		76.97
76.99	07699	LITHOTRIPSY	0.071480		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	VOICE CLINIC	0.281238		90.01
90.02	09002	LUNG CLINIC	0.100064		90.02
90.04	09004	ST JUDE CLINIC	0.428528		90.04
90.05	09005	SISTERS CLINIC	0.000000		90.05
90.06	09006	SPECIAL CLINICS	3.466461		90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000		90.07
91.00	09100	EMERGENCY	0.205515		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.094888		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period: From 10/01/2015 To 09/30/2016

Worksheet C Part I Date/Time Prepared: 2/27/2017 11:43 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		151,050,000	56,335	151,106,335	30.00
31.00	03100 INTENSIVE CARE UNIT		38,820,388	147,960	38,968,348	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		17,263,468	0	17,263,468	31.01
41.00	04100 SUBPROVIDER - IRF		7,162,619	0	7,162,619	41.00
43.00	04300 NURSERY		5,705,910	0	5,705,910	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		49,409,553	869,868	50,279,421	50.00
51.00	05100 RECOVERY ROOM		5,845,716	0	5,845,716	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,696,045	0	6,696,045	52.00
53.00	05300 ANESTHESIOLOGY		3,991,573	0	3,991,573	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		44,377,519	45,004	44,422,523	54.00
57.00	05700 CT SCAN		6,593,050	0	6,593,050	57.00
58.00	05800 MRI		9,064,455	0	9,064,455	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,665,395	0	5,665,395	59.00
60.00	06000 LABORATORY		39,090,779	0	39,090,779	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		7,467,318	0	7,467,318	63.00
64.00	06400 INTRAVENOUS THERAPY		2,387,128	2,089	2,389,217	64.00
65.00	06500 RESPIRATORY THERAPY	0	12,491,556	0	12,491,556	65.00
66.00	06600 PHYSICAL THERAPY	0	17,601,448	53,825	17,655,273	66.00
68.00	06800 SPEECH PATHOLOGY	0	1,045,736	0	1,045,736	68.00
69.00	06900 ELECTROCARDIOLOGY		5,278,720	1,089	5,279,809	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,093,612	0	1,093,612	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		75,085,917	0	75,085,917	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		49,310,853	0	49,310,853	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		44,415,835	0	44,415,835	73.00
74.00	07400 RENAL DIALYSIS		3,364,598	0	3,364,598	74.00
76.00	03950 DIGESTIVE DISEASES		6,096,314	0	6,096,314	76.00
76.01	03951 ENTEROSTOMAL		609,320	0	609,320	76.01
76.02	03952 DIABETIC SERVICE		2,464,831	0	2,464,831	76.02
76.03	03953 WOUND CARE		1,754,595	0	1,754,595	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		3,823,390	0	3,823,390	76.04
76.05	03954 NEURODIAGNOSTIC CENTER		618,555	10,592	629,147	76.05
76.08	03956 SLEEP DISORDERS		2,259,706	39,968	2,299,674	76.08
76.09	03957 PAIN PROGRAM		1,828,986	35,747	1,864,733	76.09
76.10	03958 COMPILEPSY		455,667	11,110	466,777	76.10
76.97	07697 CARDIAC REHABILITATION		875,444	7,344	882,788	76.97
76.99	07699 LI THOTRI PSY		136,522	0	136,522	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 VOICE CLINIC		295,371	21,393	316,764	90.01
90.02	09002 LUNG CLINIC		63,256	0	63,256	90.02
90.04	09004 ST JUDE CLINIC		1,014,220	0	1,014,220	90.04
90.05	09005 SISTERS CLINIC		289,551	0	289,551	90.05
90.06	09006 SPECIAL CLINICS		1,340,222	1,170	1,341,392	90.06
90.07	09007 PALLIATIVE CARE CLINIC		0	0	0	90.07
91.00	09100 EMERGENCY		23,628,806	761,495	24,390,301	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		10,858,394	0	10,858,394	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,423,909	0	2,423,909	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		73,229	0	73,229	95.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		3,218,135	0	3,218,135	105.00
109.00	10900 PANCREAS ACQUISITION		68,473	0	68,473	109.00
200.00	Subtotal (see instructions)		674,476,087	2,064,989	676,541,076	200.00
201.00	Less Observation Beds		10,858,394	0	10,858,394	201.00
202.00	Total (see instructions)		663,617,693	2,064,989	665,682,682	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/27/2017 11:43 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	224,669,151		224,669,151			30.00
31.00	03100	INTENSIVE CARE UNIT	111,880,310		111,880,310			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	32,667,805		32,667,805			31.01
41.00	04100	SUBPROVIDER - IRF	10,196,348		10,196,348			41.00
43.00	04300	NURSERY	20,148,579		20,148,579			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	176,808,690	139,192,191	316,000,881	0.156359	0.000000	50.00
51.00	05100	RECOVERY ROOM	21,177,126	31,233,303	52,410,429	0.111537	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,527,120	2,262,942	21,790,062	0.307298	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	92,457,622	88,687,439	181,145,061	0.022035	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,733,028	275,596,213	399,329,241	0.111130	0.000000	54.00
57.00	05700	CT SCAN	51,405,038	68,676,680	120,081,718	0.054905	0.000000	57.00
58.00	05800	MRI	21,230,787	45,122,949	66,353,736	0.136608	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	86,023,956	132,234,362	218,258,318	0.025957	0.000000	59.00
60.00	06000	LABORATORY	213,171,369	234,022,648	447,194,017	0.087413	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,840,217	2,605,538	17,445,755	0.428031	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	52,811	3,173,556	3,226,367	0.739881	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	140,204,851	11,963,730	152,168,581	0.082090	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	31,631,391	12,058,002	43,689,393	0.402877	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	3,741,684	588,634	4,330,318	0.241492	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	34,506,687	54,260,789	88,767,476	0.059467	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,693,936	2,298,239	15,992,175	0.068384	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,454,680	99,037,139	349,491,819	0.214843	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,645,006	65,161,333	234,806,339	0.210006	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	351,413,652	175,679,494	527,093,146	0.084266	0.000000	73.00
74.00	07400	RENAL DIALYSIS	11,976,103	1,111,162	13,087,265	0.257089	0.000000	74.00
76.00	03950	DIAGNOSTIC SERVICES	23,503,494	33,058,987	56,562,481	0.107780	0.000000	76.00
76.01	03951	ENTEROSTOMAL	1,715,763	52,706	1,768,469	0.344547	0.000000	76.01
76.02	03952	DIABETIC SERVICE	0	2,468,940	2,468,940	0.998336	0.000000	76.02
76.03	03953	WOUND CARE	34,907	7,918,347	7,953,254	0.220613	0.000000	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,351,932	6,076,728	7,428,660	0.514681	0.000000	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0	0	0	0.000000	0.000000	76.05
76.08	03956	SLEEP DISORDERS	20,368	14,747,118	14,767,486	0.153019	0.000000	76.08
76.09	03957	PAIN PROGRAM	2,205	8,824,310	8,826,515	0.207215	0.000000	76.09
76.10	03958	COMPELSEPSY	0	0	0	0.000000	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	527,970	1,318,517	1,846,487	0.474113	0.000000	76.97
76.99	07699	LITHOTRIPSY	44,392	1,865,536	1,909,928	0.071480	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	0	1,126,322	1,126,322	0.262244	0.000000	90.01
90.02	09002	LUNG CLINIC	3,221	628,934	632,155	0.100064	0.000000	90.02
90.04	09004	ST JUDE CLINIC	97,387	2,269,364	2,366,751	0.428528	0.000000	90.04
90.05	09005	SISTERS CLINIC	0	0	0	0.000000	0.000000	90.05
90.06	09006	SPECIAL CLINICS	22,160	364,803	386,963	3.463437	0.000000	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	35,177,078	83,502,107	118,679,185	0.199098	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,830,571	21,714,465	25,545,036	0.094888	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,613,111	522,531	4,135,642			105.00
109.00	10900	PANCREAS ACQUISITION	155,588	0	155,588			109.00
200.00		Subtotal (see instructions)	2,297,358,094	1,631,426,058	3,928,784,152			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,297,358,094	1,631,426,058	3,928,784,152			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 11:43 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	DIGESTIVE DISEASES	0.000000		76.00
76.01	03951	ENTEROSTOMAL	0.000000		76.01
76.02	03952	DIABETIC SERVICE	0.000000		76.02
76.03	03953	WOUND CARE	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0.000000		76.05
76.08	03956	SLEEP DISORDERS	0.000000		76.08
76.09	03957	PAIN PROGRAM	0.000000		76.09
76.10	03958	COMPEPILEPSY	0.000000		76.10
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	VOICE CLINIC	0.000000		90.01
90.02	09002	LUNG CLINIC	0.000000		90.02
90.04	09004	ST JUDE CLINIC	0.000000		90.04
90.05	09005	SISTERS CLINIC	0.000000		90.05
90.06	09006	SPECIAL CLINICS	0.000000		90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000		90.07
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	151,050,000		151,050,000	56,335	151,106,335
31.00	03100 INTENSIVE CARE UNIT	38,820,388		38,820,388	147,960	38,968,348
31.01	02060 NEONATAL INTENSIVE CARE UNIT	17,263,468		17,263,468	0	17,263,468
41.00	04100 SUBPROVIDER - IRF	7,162,619		7,162,619	0	7,162,619
43.00	04300 NURSERY	5,705,910		5,705,910	0	5,705,910
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	49,409,553		49,409,553	869,868	50,279,421
51.00	05100 RECOVERY ROOM	5,845,716		5,845,716	0	5,845,716
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,696,045		6,696,045	0	6,696,045
53.00	05300 ANESTHESIOLOGY	3,991,573		3,991,573	0	3,991,573
54.00	05400 RADIOLOGY-DIAGNOSTIC	44,377,519		44,377,519	45,004	44,422,523
57.00	05700 CT SCAN	6,593,050		6,593,050	0	6,593,050
58.00	05800 MRI	9,064,455		9,064,455	0	9,064,455
59.00	05900 CARDIAC CATHETERIZATION	5,665,395		5,665,395	0	5,665,395
60.00	06000 LABORATORY	39,090,779		39,090,779	0	39,090,779
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	7,467,318		7,467,318	0	7,467,318
64.00	06400 INTRAVENOUS THERAPY	2,387,128		2,387,128	2,089	2,389,217
65.00	06500 RESPIRATORY THERAPY	12,491,556	0	12,491,556	0	12,491,556
66.00	06600 PHYSICAL THERAPY	17,601,448	0	17,601,448	53,825	17,655,273
68.00	06800 SPEECH PATHOLOGY	1,045,736	0	1,045,736	0	1,045,736
69.00	06900 ELECTROCARDIOLOGY	5,278,720		5,278,720	1,089	5,279,809
70.00	07000 ELECTROENCEPHALOGRAPHY	1,093,612		1,093,612	0	1,093,612
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	75,085,917		75,085,917	0	75,085,917
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	49,310,853		49,310,853	0	49,310,853
73.00	07300 DRUGS CHARGED TO PATIENTS	44,415,835		44,415,835	0	44,415,835
74.00	07400 RENAL DIALYSIS	3,364,598		3,364,598	0	3,364,598
76.00	03950 DIGESTIVE DISEASES	6,096,314		6,096,314	0	6,096,314
76.01	03951 ENTEROSTOMAL	609,320		609,320	0	609,320
76.02	03952 DIABETIC SERVICE	2,464,831		2,464,831	0	2,464,831
76.03	03953 WOUND CARE	1,754,595		1,754,595	0	1,754,595
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,823,390		3,823,390	0	3,823,390
76.05	03954 NEURODIAGNOSTIC CENTER	618,555		618,555	10,592	629,147
76.08	03956 SLEEP DISORDERS	2,259,706		2,259,706	39,968	2,299,674
76.09	03957 PAIN PROGRAM	1,828,986		1,828,986	35,747	1,864,733
76.10	03958 COMPILEPSY	455,667		455,667	11,110	466,777
76.97	07697 CARDIAC REHABILITATION	875,444		875,444	7,344	882,788
76.99	07699 LI THOTRI PSY	136,522		136,522	0	136,522
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 VOICE CLINIC	295,371		295,371	21,393	316,764
90.02	09002 LUNG CLINIC	63,256		63,256	0	63,256
90.04	09004 ST JUDE CLINIC	1,014,220		1,014,220	0	1,014,220
90.05	09005 SISTERS CLINIC	289,551		289,551	0	289,551
90.06	09006 SPECIAL CLINICS	1,340,222		1,340,222	1,170	1,341,392
90.07	09007 PALLIATIVE CARE CLINIC	0		0	0	0
91.00	09100 EMERGENCY	23,628,806		23,628,806	761,495	24,390,301
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,858,394		10,858,394	0	10,858,394
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,423,909		2,423,909	0	2,423,909
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	73,229		73,229	0	73,229
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	3,218,135		3,218,135	0	3,218,135
109.00	10900 PANCREAS ACQUISITION	68,473		68,473	0	68,473
200.00	Subtotal (see instructions)	674,476,087	0	674,476,087	2,064,989	676,541,076
201.00	Less Observation Beds	10,858,394	0	10,858,394	0	10,858,394
202.00	Total (see instructions)	663,617,693	0	663,617,693	2,064,989	665,682,682

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/27/2017 11:43 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	224,669,151		224,669,151			30.00	
31.00	03100	INTENSIVE CARE UNIT	111,880,310		111,880,310			31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	32,667,805		32,667,805			31.01	
41.00	04100	SUBPROVIDER - IRF	10,196,348		10,196,348			41.00	
43.00	04300	NURSERY	20,148,579		20,148,579			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	176,808,690	139,192,191	316,000,881	0.156359	0.000000	50.00	
51.00	05100	RECOVERY ROOM	21,177,126	31,233,303	52,410,429	0.111537	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,527,120	2,262,942	21,790,062	0.307298	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	92,457,622	88,687,439	181,145,061	0.022035	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,733,028	275,596,213	399,329,241	0.111130	0.000000	54.00	
57.00	05700	CT SCAN	51,405,038	68,676,680	120,081,718	0.054905	0.000000	57.00	
58.00	05800	MRI	21,230,787	45,122,949	66,353,736	0.136608	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	86,023,956	132,234,362	218,258,318	0.025957	0.000000	59.00	
60.00	06000	LABORATORY	213,171,369	234,022,648	447,194,017	0.087413	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,840,217	2,605,538	17,445,755	0.428031	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	52,811	3,173,556	3,226,367	0.739881	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	140,204,851	11,963,730	152,168,581	0.082090	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	31,631,391	12,058,002	43,689,393	0.402877	0.000000	66.00	
68.00	06800	SPEECH PATHOLOGY	3,741,684	588,634	4,330,318	0.241492	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	34,506,687	54,260,789	88,767,476	0.059467	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	13,693,936	2,298,239	15,992,175	0.068384	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,454,680	99,037,139	349,491,819	0.214843	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,645,006	65,161,333	234,806,339	0.210006	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	351,413,652	175,679,494	527,093,146	0.084266	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	11,976,103	1,111,162	13,087,265	0.257089	0.000000	74.00	
76.00	03950	DIAGNOSTIC SERVICES	23,503,494	33,058,987	56,562,481	0.107780	0.000000	76.00	
76.01	03951	ENTEROSTOMAL	1,715,763	52,706	1,768,469	0.344547	0.000000	76.01	
76.02	03952	DIABETIC SERVICE	0	2,468,940	2,468,940	0.998336	0.000000	76.02	
76.03	03953	WOUND CARE	34,907	7,918,347	7,953,254	0.220613	0.000000	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,351,932	6,076,728	7,428,660	0.514681	0.000000	76.04	
76.05	03954	NEURODIAGNOSTIC CENTER	0	0	0	0.000000	0.000000	76.05	
76.08	03956	SLEEP DISORDERS	20,368	14,747,118	14,767,486	0.153019	0.000000	76.08	
76.09	03957	PAIN PROGRAM	2,205	8,824,310	8,826,515	0.207215	0.000000	76.09	
76.10	03958	COMPELSEPSY	0	0	0	0.000000	0.000000	76.10	
76.97	07697	CARDIAC REHABILITATION	527,970	1,318,517	1,846,487	0.474113	0.000000	76.97	
76.99	07699	LITHOTRIPSY	44,392	1,865,536	1,909,928	0.071480	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	VOICE CLINIC	0	1,126,322	1,126,322	0.262244	0.000000	90.01	
90.02	09002	LUNG CLINIC	3,221	628,934	632,155	0.100064	0.000000	90.02	
90.04	09004	ST JUDE CLINIC	97,387	2,269,364	2,366,751	0.428528	0.000000	90.04	
90.05	09005	SISTERS CLINIC	0	0	0	0.000000	0.000000	90.05	
90.06	09006	SPECIAL CLINICS	22,160	364,803	386,963	3.463437	0.000000	90.06	
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0.000000	0.000000	90.07	
91.00	09100	EMERGENCY	35,177,078	83,502,107	118,679,185	0.199098	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,830,571	21,714,465	25,545,036	0.094888	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	3,613,111	522,531	4,135,642			105.00	
109.00	10900	PANCREAS ACQUISITION	155,588	0	155,588			109.00	
200.00		Subtotal (see instructions)	2,297,358,094	1,631,426,058	3,928,784,152			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	2,297,358,094	1,631,426,058	3,928,784,152			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 11:43 pm
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	DIGESTIVE DISEASES	0.000000		76.00
76.01	03951	ENTEROSTOMAL	0.000000		76.01
76.02	03952	DIABETIC SERVICE	0.000000		76.02
76.03	03953	WOUND CARE	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0.000000		76.05
76.08	03956	SLEEP DISORDERS	0.000000		76.08
76.09	03957	PAIN PROGRAM	0.000000		76.09
76.10	03958	COMPEPILEPSY	0.000000		76.10
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	VOICE CLINIC	0.000000		90.01
90.02	09002	LUNG CLINIC	0.000000		90.02
90.04	09004	ST JUDE CLINIC	0.000000		90.04
90.05	09005	SISTERS CLINIC	0.000000		90.05
90.06	09006	SPECIAL CLINICS	0.000000		90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000		90.07
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 2/27/2017 11:43 pm
--	-----------------------	---	--

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	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	10,012,998	0	10,012,998	143,614	69.72	30.00
31.00	INTENSIVE CARE UNIT	2,249,410		2,249,410	17,816	126.26	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,269,562		1,269,562	8,190	155.01	31.01
41.00	SUBPROVIDER - IRF	319,317	0	319,317	8,116	39.34	41.00
43.00	NURSERY	161,597		161,597	4,730	34.16	43.00
200.00	Total (lines 30-199)	14,012,884		14,012,884	182,466		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	44,514	3,103,516	30.00
31.00	INTENSIVE CARE UNIT	7,401	934,450	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
41.00	SUBPROVIDER - IRF	3,780	148,705	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	55,695	4,186,671	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part II
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	6,319,824	316,000,881	0.019999	57,562,285	1,151,188	50.00	
51.00	05100 RECOVERY ROOM	276,306	52,410,429	0.005272	7,129,951	37,589	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	546,057	21,790,062	0.025060	43,995	1,103	52.00	
53.00	05300 ANESTHESIOLOGY	427,432	181,145,061	0.002360	29,244,407	69,017	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,620,106	399,329,241	0.019082	46,714,806	891,412	54.00	
57.00	05700 CT SCAN	1,521,487	120,081,718	0.012670	19,825,299	251,187	57.00	
58.00	05800 MRI	3,000,526	66,353,736	0.045220	7,166,403	324,065	58.00	
59.00	05900 CARDIAC CATHETERIZATION	1,213,431	218,258,318	0.005560	39,251,281	218,237	59.00	
60.00	06000 LABORATORY	2,897,326	447,194,017	0.006479	74,225,194	480,905	60.00	
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	321,709	17,445,755	0.018441	5,228,394	96,417	63.00	
64.00	06400 INTRAVENOUS THERAPY	332,752	3,226,367	0.103135	8,008	826	64.00	
65.00	06500 RESPIRATORY THERAPY	798,414	152,168,581	0.005247	37,304,658	195,738	65.00	
66.00	06600 PHYSICAL THERAPY	1,519,750	43,689,393	0.034785	9,567,333	332,800	66.00	
68.00	06800 SPEECH PATHOLOGY	66,731	4,330,318	0.015410	1,072,497	16,527	68.00	
69.00	06900 ELECTROCARDIOLOGY	606,981	88,767,476	0.006838	14,002,013	95,746	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	55,962	15,992,175	0.003499	3,791,974	13,268	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,878,379	349,491,819	0.016820	91,176,625	1,533,591	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,173,488	234,806,339	0.004998	74,973,113	374,716	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	1,095,933	527,093,146	0.002079	102,969,540	214,074	73.00	
74.00	07400 RENAL DIALYSIS	133,086	13,087,265	0.010169	6,573,796	66,849	74.00	
76.00	03950 DIGESTIVE DISEASES	1,266,236	56,562,481	0.022387	10,432,915	233,562	76.00	
76.01	03951 ENTEROSTOMAL	15,499	1,768,469	0.008764	713,408	6,252	76.01	
76.02	03952 DIABETIC SERVICE	173,212	2,468,940	0.070156	0	0	76.02	
76.03	03953 WOUND CARE	147,498	7,953,254	0.018546	23,008	427	76.03	
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	243,678	7,428,660	0.032802	334,390	10,969	76.04	
76.05	03954 NEURODIAGNOSTIC CENTER	47,126	0	0.000000	0	0	76.05	
76.08	03956 SLEEP DISORDERS	171,627	14,767,486	0.011622	0	0	76.08	
76.09	03957 PAIN PROGRAM	159,348	8,826,515	0.018053	1,699	31	76.09	
76.10	03958 COMPLIANCE	19,354	0	0.000000	0	0	76.10	
76.97	07697 CARDIAC REHABILITATION	56,826	1,846,487	0.030775	252,706	7,777	76.97	
76.99	07699 LI THOTRI PSY	3,393	1,909,928	0.001777	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01	09001 VOICE CLINIC	63,458	1,126,322	0.056341	0	0	90.01	
90.02	09002 LUNG CLINIC	16,316	632,155	0.025810	0	0	90.02	
90.04	09004 ST JUDE CLINIC	156,616	2,366,751	0.066173	0	0	90.04	
90.05	09005 SISTERS CLINIC	24,201	0	0.000000	0	0	90.05	
90.06	09006 SPECIAL CLINICS	87,556	386,963	0.226265	21,369	4,835	90.06	
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0.000000	0	0	90.07	
91.00	09100 EMERGENCY	1,411,310	118,679,185	0.011892	12,306,553	146,350	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	719,531	0	0.000000	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	157,949	25,545,036	0.006183	893,278	5,523	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50-199)	40,746,414	3,524,930,729		652,810,898	6,780,981	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 11:43 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			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	6,033,477	220,757	0	0	6,254,234	30.00
31.00	03100	INTENSIVE CARE UNIT	245,333	0	0	0	245,333	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	224,424	0	0	0	224,424	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	6,503,234	220,757	0	0	6,723,991	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	143,614	43.55	44,514	1,938,585		30.00
31.00	03100	INTENSIVE CARE UNIT	17,816	13.77	7,401	101,912		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,190	27.40	0	0		31.01
41.00	04100	SUBPROVIDER - IRF	8,116	0.00	3,780	0		41.00
43.00	04300	NURSERY	4,730	0.00	0	0		43.00
200.00		Total (lines 30-199)	182,466		55,695	2,040,497		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:43 pm
--	-----------------------	---	---

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	171,454	0	0	171,454	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	227,734	0	0	227,734	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,394	257,730	0	305,124	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,788	0	0	2,788	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	47,394	0	0	47,394	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	18,121	0	0	18,121	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	47,394	0	0	47,394	76.00
76.01	03951	ENTEROSTOMAL	0	4,182	0	0	4,182	76.01
76.02	03952	DIABETIC SERVICE	0	3,659	0	0	3,659	76.02
76.03	03953	WOUND CARE	0	24,394	0	0	24,394	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,273	0	0	6,273	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0	29,273	0	0	29,273	76.05
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.10	03958	COMPILEPSY	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	0	0	0	0	0	90.01
90.02	09002	LUNG CLINIC	0	0	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	0	0	0	0	0	90.04
90.05	09005	SISTERS CLINIC	0	0	0	0	0	90.05
90.06	09006	SPECIAL CLINICS	0	0	0	0	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	98,098	804,325	0	902,423	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	433,565	15,864	0	449,429	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92,000	0	0	92,000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	1,253,723	1,077,919	0	2,331,642	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:43 pm
--	-----------------------	---------------------------------------	--

Cost Center Description		Title XVIII				Hospital		PPS	
		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	171,454	316,000,881	0.000543	0.000543	57,562,285	50.00		
51.00	05100 RECOVERY ROOM	0	52,410,429	0.000000	0.000000	7,129,951	51.00		
52.00	05200 DELIVERY ROOM & LABOR ROOM	227,734	21,790,062	0.010451	0.010451	43,995	52.00		
53.00	05300 ANESTHESIOLOGY	0	181,145,061	0.000000	0.000000	29,244,407	53.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC	305,124	399,329,241	0.000764	0.000764	46,714,806	54.00		
57.00	05700 CT SCAN	0	120,081,718	0.000000	0.000000	19,825,299	57.00		
58.00	05800 MRI	0	66,353,736	0.000000	0.000000	7,166,403	58.00		
59.00	05900 CARDIAC CATHETERIZATION	0	218,258,318	0.000000	0.000000	39,251,281	59.00		
60.00	06000 LABORATORY	2,788	447,194,017	0.000006	0.000006	74,225,194	60.00		
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30		
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	17,445,755	0.000000	0.000000	5,228,394	63.00		
64.00	06400 INTRAVENOUS THERAPY	47,394	3,226,367	0.014690	0.014690	8,008	64.00		
65.00	06500 RESPIRATORY THERAPY	0	152,168,581	0.000000	0.000000	37,304,658	65.00		
66.00	06600 PHYSICAL THERAPY	0	43,689,393	0.000000	0.000000	9,567,333	66.00		
68.00	06800 SPEECH PATHOLOGY	18,121	4,330,318	0.004185	0.004185	1,072,497	68.00		
69.00	06900 ELECTROCARDIOLOGY	0	88,767,476	0.000000	0.000000	14,002,013	69.00		
70.00	07000 ELECTROENCEPHALOGRAPHY	0	15,992,175	0.000000	0.000000	3,791,974	70.00		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	349,491,819	0.000000	0.000000	91,176,625	71.00		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	234,806,339	0.000000	0.000000	74,973,113	72.00		
73.00	07300 DRUGS CHARGED TO PATIENTS	0	527,093,146	0.000000	0.000000	102,969,540	73.00		
74.00	07400 RENAL DIALYSIS	0	13,087,265	0.000000	0.000000	6,573,796	74.00		
76.00	03950 DIGESTIVE DISEASES	47,394	56,562,481	0.000838	0.000838	10,432,915	76.00		
76.01	03951 ENTEROSTOMAL	4,182	1,768,469	0.002365	0.002365	713,408	76.01		
76.02	03952 DIABETIC SERVICE	3,659	2,468,940	0.001482	0.001482	0	76.02		
76.03	03953 WOUND CARE	24,394	7,953,254	0.003067	0.003067	23,008	76.03		
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,273	7,428,660	0.000844	0.000844	334,390	76.04		
76.05	03954 NEURODIAGNOSTIC CENTER	29,273	0	0.000000	0.000000	0	76.05		
76.08	03956 SLEEP DISORDERS	0	14,767,486	0.000000	0.000000	0	76.08		
76.09	03957 PAIN PROGRAM	0	8,826,515	0.000000	0.000000	1,699	76.09		
76.10	03958 COMPLIANCE	0	0	0.000000	0.000000	0	76.10		
76.97	07697 CARDIAC REHABILITATION	0	1,846,487	0.000000	0.000000	252,706	76.97		
76.99	07699 LI THOTRI PSY	0	1,909,928	0.000000	0.000000	0	76.99		
OUTPATIENT SERVICE COST CENTERS									
90.01	09001 VOICE CLINIC	0	1,126,322	0.000000	0.000000	0	90.01		
90.02	09002 LUNG CLINIC	0	632,155	0.000000	0.000000	0	90.02		
90.04	09004 ST JUDE CLINIC	0	2,366,751	0.000000	0.000000	0	90.04		
90.05	09005 SISTERS CLINIC	0	0	0.000000	0.000000	0	90.05		
90.06	09006 SPECIAL CLINICS	0	386,963	0.000000	0.000000	21,369	90.06		
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0.000000	0.000000	0	90.07		
91.00	09100 EMERGENCY	902,423	118,679,185	0.007604	0.007604	12,306,553	91.00		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	449,429	0	0.000000	0.000000	0	92.00		
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	92,000	25,545,036	0.003601	0.003601	893,278	92.01		
OTHER REIMBURSABLE COST CENTERS									
95.00	09500 AMBULANCE SERVICES						95.00		
200.00	Total (lines 50-199)	2,331,642	3,524,930,729			652,810,898	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:43 pm
--	-----------------------	---------------------------------------	--

Cost Center Description		Title XVIII					
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	Outpatient Program Pass-Through Costs (col. 9 before Geo Recl assi fi cation	Outpatient Program Pass-Through Costs (col. 9 on/after Geo Recl assi fi cation	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	31,256	21,446,267	0	11,645	0	50.00
51.00	05100 RECOVERY ROOM	0	4,424,567	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	460	23,266	0	243	0	52.00
53.00	05300 ANESTHESIOLOGY	0	15,152,076	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	35,690	78,072,514	0	59,647	0	54.00
57.00	05700 CT SCAN	0	18,400,673	0	0	0	57.00
58.00	05800 MRI	0	10,940,330	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59,788,425	0	0	0	59.00
60.00	06000 LABORATORY	445	23,661,226	0	142	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	721,455	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	118	1,105,318	0	16,237	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,414,798	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	377,228	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	4,488	53,664	0	225	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,692,017	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	308,629	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,261,359	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	25,774,788	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	45,815,705	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	442,349	0	0	0	74.00
76.00	03950 DIGESTIVE DISEASES	8,743	8,815,945	0	7,388	0	76.00
76.01	03951 ENTEROSTOMAL	1,687	13,650	0	32	0	76.01
76.02	03952 DIABETIC SERVICE	0	27,623	0	41	0	76.02
76.03	03953 WOUND CARE	71	3,625,088	0	11,118	0	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	282	980,984	0	828	0	76.04
76.05	03954 NEURODIAGNOSTIC CENTER	0	0	0	0	0	76.05
76.08	03956 SLEEP DISORDERS	0	2,720,618	0	0	0	76.08
76.09	03957 PAIN PROGRAM	0	3,095,264	0	0	0	76.09
76.10	03958 COMPEPILEPSY	0	0	0	0	0	76.10
76.97	07697 CARDIAC REHABILITATION	0	464,860	0	0	0	76.97
76.99	07699 LI THOTRI PSY	0	327,592	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 VOICE CLINIC	0	376,166	0	0	0	90.01
90.02	09002 LUNG CLINIC	0	180,414	0	0	0	90.02
90.04	09004 ST JUDE CLINIC	0	7,652	0	0	0	90.04
90.05	09005 SISTERS CLINIC	0	0	0	0	0	90.05
90.06	09006 SPECIAL CLINICS	0	121,059	0	0	0	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	93,579	12,232,807	0	93,018	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,217	2,822,178	0	10,163	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	180,036	392,688,554	0	210,727	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 11:43 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges						
		PPS Reimbursed Services (see inst.) before Geo Reclassification	PPS Reimbursed Services (see inst.) on/after Geo Reclassification	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	2.01	3.00	4.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.156359	21,446,267	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.111537	4,424,567	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.307298	23,266	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.022035	15,152,076	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111130	78,072,514	0	0	0	54.00
57.00	05700	CT SCAN	0.054905	18,400,673	0	0	0	57.00
58.00	05800	MRI	0.136608	10,940,330	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.025957	59,788,425	0	0	0	59.00
60.00	06000	LABORATORY	0.087413	23,661,226	0	36,881	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.428031	721,455	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.739881	1,105,318	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.082090	4,414,798	0	10,080	0	65.00
66.00	06600	PHYSICAL THERAPY	0.402877	377,228	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.241492	53,664	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059467	20,692,017	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.068384	308,629	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.214843	25,261,359	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210006	25,774,788	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084266	45,815,705	0	1,505	1,219,979	73.00
74.00	07400	RENAL DIALYSIS	0.257089	442,349	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0.107780	8,815,945	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0.344547	13,650	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0.998336	27,623	0	0	0	76.02
76.03	03953	WOUND CARE	0.220613	3,625,088	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.514681	980,984	0	0	0	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0.000000	0	0	0	0	76.05
76.08	03956	SLEEP DISORDERS	0.153019	2,720,618	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0.207215	3,095,264	0	0	0	76.09
76.10	03958	COMPEPILEPSY	0.000000	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.474113	464,860	0	0	0	76.97
76.99	07699	LITHOTRIPSY	0.071480	327,592	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	0.262244	376,166	0	0	0	90.01
90.02	09002	LUNG CLINIC	0.100064	180,414	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	0.428528	7,652	0	0	0	90.04
90.05	09005	SISTERS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	SPECIAL CLINICS	3.463437	121,059	0	0	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.199098	12,232,807	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.094888	2,822,178	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		392,688,554	0	48,466	1,219,979	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		392,688,554	0	48,466	1,219,979	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 11:43 pm
Title XVIII			Hospital	PPS

Cost Center Description	Costs				5.00	5.01	6.00	7.00
	PPS Services (see inst.) before Reclamation	PPS Services (see inst.) on/after Reclamation	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	3,353,317	0	0	0			50.00
51.00 05100	RECOVERY ROOM	493,503	0	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,150	0	0	0			52.00
53.00 05300	ANESTHESIOLOGY	333,876	0	0	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,676,198	0	0	0			54.00
57.00 05700	CT SCAN	1,010,289	0	0	0			57.00
58.00 05800	MRI	1,494,537	0	0	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	1,551,928	0	0	0			59.00
60.00 06000	LABORATORY	2,068,299	0	3,224	0			60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0			62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	308,805	0	0	0			63.00
64.00 06400	INTRAVENOUS THERAPY	817,804	0	0	0			64.00
65.00 06500	RESPIRATORY THERAPY	362,411	0	827	0			65.00
66.00 06600	PHYSICAL THERAPY	151,976	0	0	0			66.00
68.00 06800	SPEECH PATHOLOGY	12,959	0	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	1,230,492	0	0	0			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	21,105	0	0	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,427,226	0	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,412,860	0	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,860,706	0	127	102,803			73.00
74.00 07400	RENAL DIALYSIS	113,723	0	0	0			74.00
76.00 03950	DIGESTIVE DISEASES	950,183	0	0	0			76.00
76.01 03951	ENTEROSTOMAL	4,703	0	0	0			76.01
76.02 03952	DIABETIC SERVICE	27,577	0	0	0			76.02
76.03 03953	WOUND CARE	799,742	0	0	0			76.03
76.04 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	504,894	0	0	0			76.04
76.05 03954	NEURODIAGNOSTIC CENTER	0	0	0	0			76.05
76.08 03956	SLEEP DISORDERS	416,306	0	0	0			76.08
76.09 03957	PAIN PROGRAM	641,385	0	0	0			76.09
76.10 03958	COMPEPILEPSY	0	0	0	0			76.10
76.97 07697	CARDIAC REHABILITATION	220,396	0	0	0			76.97
76.99 07699	LITHOTRIPSY	23,416	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 09001	VOICE CLINIC	98,647	0	0	0			90.01
90.02 09002	LUNG CLINIC	18,053	0	0	0			90.02
90.04 09004	ST JUDE CLINIC	3,279	0	0	0			90.04
90.05 09005	SISTERS CLINIC	0	0	0	0			90.05
90.06 09006	SPECIAL CLINICS	419,280	0	0	0			90.06
90.07 09007	PALLIATIVE CARE CLINIC	0	0	0	0			90.07
91.00 09100	EMERGENCY	2,435,527	0	0	0			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0			92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	267,791	0	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
95.00 09500	AMBULANCE SERVICES			0				95.00
200.00	Subtotal (see instructions)	43,540,343	0	4,178	102,803			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0				201.00
202.00	Net Charges (line 200 +/- line 201)	43,540,343	0	4,178	102,803			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part II Date/Time Prepared: 2/27/2017 11:43 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,319,824	316,000,881	0.019999	67,020	1,340	50.00
51.00	05100	RECOVERY ROOM	276,306	52,410,429	0.005272	23,100	122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	546,057	21,790,062	0.025060	0	0	52.00
53.00	05300	ANESTHESIOLOGY	427,432	181,145,061	0.002360	47,784	113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,620,106	399,329,241	0.019082	163,793	3,125	54.00
57.00	05700	CT SCAN	1,521,487	120,081,718	0.012670	98,561	1,249	57.00
58.00	05800	MRI	3,000,526	66,353,736	0.045220	23,402	1,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,213,431	218,258,318	0.005560	0	0	59.00
60.00	06000	LABORATORY	2,897,326	447,194,017	0.006479	1,020,466	6,612	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	321,709	17,445,755	0.018441	11,490	212	63.00
64.00	06400	INTRAVENOUS THERAPY	332,752	3,226,367	0.103135	971	100	64.00
65.00	06500	RESPIRATORY THERAPY	798,414	152,168,581	0.005247	474,425	2,489	65.00
66.00	06600	PHYSICAL THERAPY	1,519,750	43,689,393	0.034785	4,971,627	172,938	66.00
68.00	06800	SPEECH PATHOLOGY	66,731	4,330,318	0.015410	571,775	8,811	68.00
69.00	06900	ELECTROCARDIOLOGY	606,981	88,767,476	0.006838	21,851	149	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,962	15,992,175	0.003499	1,826	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,878,379	349,491,819	0.016820	1,030,397	17,331	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,173,488	234,806,339	0.004998	113,348	567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,095,933	527,093,146	0.002079	2,038,348	4,238	73.00
74.00	07400	RENAL DIALYSIS	133,086	13,087,265	0.010169	282,140	2,869	74.00
76.00	03950	DIAGNOSTIC SERVICES	1,266,236	56,562,481	0.022387	17,604	394	76.00
76.01	03951	ENTEROSTOMAL	15,499	1,768,469	0.008764	60,623	531	76.01
76.02	03952	DIABETIC SERVICE	173,212	2,468,940	0.070156	0	0	76.02
76.03	03953	WOUND CARE	147,498	7,953,254	0.018546	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	243,678	7,428,660	0.032802	134,588	4,415	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	47,126	0	0.000000	0	0	76.05
76.08	03956	SLEEP DISORDERS	171,627	14,767,486	0.011622	0	0	76.08
76.09	03957	PAIN PROGRAM	159,348	8,826,515	0.018053	0	0	76.09
76.10	03958	COMPEPILEPSY	19,354	0	0.000000	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	56,826	1,846,487	0.030775	684	21	76.97
76.99	07699	LITHOTRIPSY	3,393	1,909,928	0.001777	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	63,458	1,126,322	0.056341	0	0	90.01
90.02	09002	LUNG CLINIC	16,316	632,155	0.025810	0	0	90.02
90.04	09004	ST JUDE CLINIC	156,616	2,366,751	0.066173	0	0	90.04
90.05	09005	SISTERS CLINIC	24,201	0	0.000000	0	0	90.05
90.06	09006	SPECIAL CLINICS	87,556	386,963	0.226265	0	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,411,310	118,679,185	0.011892	296,434	3,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	157,949	25,545,036	0.006183	2,202	14	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	40,026,883	3,524,930,729		11,474,459	232,229	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:43 pm
--	---	---	---

	Title XVIII	Subprovider - IRF	PPS
--	-------------	-------------------	-----

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	171,454	0	0	171,454	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	227,734	0	0	227,734	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	47,394	257,730	0	305,124	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	2,788	0	0	2,788	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	47,394	0	0	47,394	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	18,121	0	0	18,121	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 DIGESTIVE DISEASES	0	47,394	0	0	47,394	76.00
76.01	03951 ENTEROSTOMAL	0	4,182	0	0	4,182	76.01
76.02	03952 DIABETIC SERVICE	0	3,659	0	0	3,659	76.02
76.03	03953 WOUND CARE	0	24,394	0	0	24,394	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,273	0	0	6,273	76.04
76.05	03954 NEURODIAGNOSTIC CENTER	0	29,273	0	0	29,273	76.05
76.08	03956 SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957 PAIN PROGRAM	0	0	0	0	0	76.09
76.10	03958 COMPEPILEPSY	0	0	0	0	0	76.10
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 VOICE CLINIC	0	0	0	0	0	90.01
90.02	09002 LUNG CLINIC	0	0	0	0	0	90.02
90.04	09004 ST JUDE CLINIC	0	0	0	0	0	90.04
90.05	09005 SISTERS CLINIC	0	0	0	0	0	90.05
90.06	09006 SPECIAL CLINICS	0	0	0	0	0	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	98,098	804,325	0	902,423	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92,000	0	0	92,000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	820,158	1,062,055	0	1,882,213	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:43 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	171,454	316,000,881	0.000543	0.000543	67,020	50.00
51.00	05100	RECOVERY ROOM	0	52,410,429	0.000000	0.000000	23,100	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	227,734	21,790,062	0.010451	0.010451	0	52.00
53.00	05300	ANESTHESIOLOGY	0	181,145,061	0.000000	0.000000	47,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305,124	399,329,241	0.000764	0.000764	163,793	54.00
57.00	05700	CT SCAN	0	120,081,718	0.000000	0.000000	98,561	57.00
58.00	05800	MRI	0	66,353,736	0.000000	0.000000	23,402	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	218,258,318	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	2,788	447,194,017	0.000006	0.000006	1,020,466	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,445,755	0.000000	0.000000	11,490	63.00
64.00	06400	INTRAVENOUS THERAPY	47,394	3,226,367	0.014690	0.014690	971	64.00
65.00	06500	RESPIRATORY THERAPY	0	152,168,581	0.000000	0.000000	474,425	65.00
66.00	06600	PHYSICAL THERAPY	0	43,689,393	0.000000	0.000000	4,971,627	66.00
68.00	06800	SPEECH PATHOLOGY	18,121	4,330,318	0.004185	0.004185	571,775	68.00
69.00	06900	ELECTROCARDIOLOGY	0	88,767,476	0.000000	0.000000	21,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,992,175	0.000000	0.000000	1,826	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	349,491,819	0.000000	0.000000	1,030,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	234,806,339	0.000000	0.000000	113,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	527,093,146	0.000000	0.000000	2,038,348	73.00
74.00	07400	RENAL DIALYSIS	0	13,087,265	0.000000	0.000000	282,140	74.00
76.00	03950	DIAGNOSTIC SERVICES	47,394	56,562,481	0.000838	0.000838	17,604	76.00
76.01	03951	ENTEROSTOMAL	4,182	1,768,469	0.002365	0.002365	60,623	76.01
76.02	03952	DIABETIC SERVICE	3,659	2,468,940	0.001482	0.001482	0	76.02
76.03	03953	WOUND CARE	24,394	7,953,254	0.003067	0.003067	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,273	7,428,660	0.000844	0.000844	134,588	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	29,273	0	0.000000	0.000000	0	76.05
76.08	03956	SLEEP DISORDERS	0	14,767,486	0.000000	0.000000	0	76.08
76.09	03957	PAIN PROGRAM	0	8,826,515	0.000000	0.000000	0	76.09
76.10	03958	COMPEPILEPSY	0	0	0.000000	0.000000	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	1,846,487	0.000000	0.000000	684	76.97
76.99	07699	LITHOTRIPSY	0	1,909,928	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	0	1,126,322	0.000000	0.000000	0	90.01
90.02	09002	LUNG CLINIC	0	632,155	0.000000	0.000000	0	90.02
90.04	09004	ST JUDE CLINIC	0	2,366,751	0.000000	0.000000	0	90.04
90.05	09005	SISTERS CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006	SPECIAL CLINICS	0	386,963	0.000000	0.000000	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	902,423	118,679,185	0.007604	0.007604	296,434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92,000	25,545,036	0.003601	0.003601	2,202	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,882,213	3,524,930,729			11,474,459	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part IV Date/Time Prepared: 2/27/2017 11:43 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	36	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	125	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	6	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	14	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	2,393	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,340	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 DIGESTIVE DISEASES	15	0	0	0	0	76.00
76.01	03951 ENTEROSTOMAL	143	0	0	0	0	76.01
76.02	03952 DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953 WOUND CARE	0	0	0	0	0	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	114	0	0	0	0	76.04
76.05	03954 NEURODIAGNOSTIC CENTER	0	0	0	0	0	76.05
76.08	03956 SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957 PAIN PROGRAM	0	0	0	0	0	76.09
76.10	03958 COMPEPILEPSY	0	0	0	0	0	76.10
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 VOICE CLINIC	0	0	0	0	0	90.01
90.02	09002 LUNG CLINIC	0	0	0	0	0	90.02
90.04	09004 ST JUDE CLINIC	0	0	0	0	0	90.04
90.05	09005 SISTERS CLINIC	0	0	0	0	0	90.05
90.06	09006 SPECIAL CLINICS	0	0	0	0	0	90.06
90.07	09007 PALLIATIVE CARE CLINIC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	2,254	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	8	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,108	3,340	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 11:43 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges						
		PPS Reimbursed Services (see inst.) before Reclassification	PPS Reimbursed Services (see inst.) on/after Geo	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	2.01	3.00	4.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.156359	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.111537	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.307298	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.022035	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111130	0	0	0	0	54.00
57.00	05700	CT SCAN	0.054905	0	0	0	0	57.00
58.00	05800	MRI	0.136608	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.025957	0	0	0	0	59.00
60.00	06000	LABORATORY	0.087413	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.428031	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.739881	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.082090	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.402877	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.241492	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059467	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.068384	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.214843	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210006	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084266	3,340	0	0	285	73.00
74.00	07400	RENAL DIALYSIS	0.257089	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0.107780	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0.344547	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0.998336	0	0	0	0	76.02
76.03	03953	WOUND CARE	0.220613	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.514681	0	0	0	0	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0.000000	0	0	0	0	76.05
76.08	03956	SLEEP DISORDERS	0.153019	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0.207215	0	0	0	0	76.09
76.10	03958	COMPELSEPSY	0.000000	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.474113	0	0	0	0	76.97
76.99	07699	LITHOTRIPSY	0.071480	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	VOICE CLINIC	0.262244	0	0	0	0	90.01
90.02	09002	LUNG CLINIC	0.100064	0	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	0.428528	0	0	0	0	90.04
90.05	09005	SISTERS CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	SPECIAL CLINICS	3.463437	0	0	0	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.199098	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.094888	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000			0		95.00
200.00		Subtotal (see instructions)		3,340	0	0	285	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		3,340	0	0	285	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part V Date/Time Prepared: 2/27/2017 11:43 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Costs					
		PPS Services (see inst.) before Geo Reclassification	PPS Services (see inst.) on/after Geo Reclassification	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	281	0	0	24	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0	0	0	0	76.05
76.08	03956	SLEEP DISORDERS	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	76.09
76.10	03958	COMPELSEPSY	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	VOICE CLINIC	0	0	0	0	90.01
90.02	09002	LUNG CLINIC	0	0	0	0	90.02
90.04	09004	ST JUDE CLINIC	0	0	0	0	90.04
90.05	09005	SISTERS CLINIC	0	0	0	0	90.05
90.06	09006	SPECIAL CLINICS	0	0	0	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES			0		95.00
200.00		Subtotal (see instructions)	281	0	0	24	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 +/- line 201)	281	0	0	24	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 11:43 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		143,614	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		143,614	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		133,294	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)		44,514	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		151,106,335	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		151,106,335	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		151,106,335	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,052.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		46,836,295	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)		46,836,295	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	38,968,348	17,816	2,187.27	7,401	16,187,985	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	17,263,468	8,190	2,107.87	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					85,963,853	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					148,988,133	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)					6,078,463	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,961,017	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					13,039,480	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					135,948,653	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					10,320	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,052.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,858,394	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 11:43 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,012,998	151,106,335	0.066265	10,858,394	719,531	90.00
91.00	Nursing School cost	6,033,477	151,106,335	0.039929	10,858,394	433,565	91.00
92.00	Allied health cost	220,757	151,106,335	0.001461	10,858,394	15,864	92.00
93.00	All other Medical Education	0	151,106,335	0.000000	10,858,394	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 11:43 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,116	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,116	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,116	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,780	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,162,619	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)		7,162,619	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,162,619	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)		882.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,335,963	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,335,963	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1	
				Component CCN: 14-T067	Date/Time Prepared: 2/27/2017 11:43 pm		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,966,479		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,302,442		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)					148,705		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					237,337		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					386,042		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,916,400		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 11:43 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	319,317	7,162,619	0.044581	0	0	90.00
91.00	Nursing School cost	0	7,162,619	0.000000	0	0	91.00
92.00	Allied health cost	0	7,162,619	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,162,619	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 11:43 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		86,390,914	30.00
31.00	03100	INTENSIVE CARE UNIT		36,184,889	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.159112	57,562,285	50.00
51.00	05100	RECOVERY ROOM	0.111537	7,129,951	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.307298	43,995	52.00
53.00	05300	ANESTHESIOLOGY	0.022035	29,244,407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111243	46,714,806	54.00
57.00	05700	CT SCAN	0.054905	19,825,299	57.00
58.00	05800	MRI	0.136608	7,166,403	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.025957	39,251,281	59.00
60.00	06000	LABORATORY	0.087413	74,225,194	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.428031	5,228,394	63.00
64.00	06400	INTRAVENOUS THERAPY	0.740529	8,008	64.00
65.00	06500	RESPIRATORY THERAPY	0.082090	37,304,658	65.00
66.00	06600	PHYSICAL THERAPY	0.404109	9,567,333	66.00
68.00	06800	SPEECH PATHOLOGY	0.241492	1,072,497	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059479	14,002,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.068384	3,791,974	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.214843	91,176,625	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210006	74,973,113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084266	102,969,540	73.00
74.00	07400	RENAL DIALYSIS	0.257089	6,573,796	74.00
76.00	03950	DIGESTIVE DISEASES	0.107780	10,432,915	76.00
76.01	03951	ENTEROSTOMAL	0.344547	713,408	76.01
76.02	03952	DIABETIC SERVICE	0.998336	0	76.02
76.03	03953	WOUND CARE	0.220613	23,008	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.514681	334,390	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0.000000	0	76.05
76.08	03956	SLEEP DISORDERS	0.155725	0	76.08
76.09	03957	PAIN PROGRAM	0.211265	1,699	76.09
76.10	03958	COMPEPILEPSY	0.000000	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.478091	252,706	76.97
76.99	07699	LITHOTRIPSY	0.071480	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	VOICE CLINIC	0.281238	0	90.01
90.02	09002	LUNG CLINIC	0.100064	0	90.02
90.04	09004	ST JUDE CLINIC	0.428528	0	90.04
90.05	09005	SISTERS CLINIC	0.000000	0	90.05
90.06	09006	SPECIAL CLINICS	3.466461	21,369	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000	0	90.07
91.00	09100	EMERGENCY	0.205515	12,306,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.094888	893,278	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		652,810,898	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)		652,810,898	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 11:43 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
41.00	04100	SUBPROVIDER - IRF		4,842,540	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.159112	67,020	50.00
51.00	05100	RECOVERY ROOM	0.111537	23,100	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.307298	0	52.00
53.00	05300	ANESTHESIOLOGY	0.022035	47,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111243	163,793	54.00
57.00	05700	CT SCAN	0.054905	98,561	57.00
58.00	05800	MRI	0.136608	23,402	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.025957	0	59.00
60.00	06000	LABORATORY	0.087413	1,020,466	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.428031	11,490	63.00
64.00	06400	INTRAVENOUS THERAPY	0.740529	971	64.00
65.00	06500	RESPIRATORY THERAPY	0.082090	474,425	65.00
66.00	06600	PHYSICAL THERAPY	0.404109	4,971,627	66.00
68.00	06800	SPEECH PATHOLOGY	0.241492	571,775	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059479	21,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.068384	1,826	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.214843	1,030,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210006	113,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084266	2,038,348	73.00
74.00	07400	RENAL DIALYSIS	0.257089	282,140	74.00
76.00	03950	DIGESTIVE DISEASES	0.107780	17,604	76.00
76.01	03951	ENTEROSTOMAL	0.344547	60,623	76.01
76.02	03952	DIABETIC SERVICE	0.998336	0	76.02
76.03	03953	WOUND CARE	0.220613	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.514681	134,588	76.04
76.05	03954	NEURODIAGNOSTIC CENTER	0.000000	0	76.05
76.08	03956	SLEEP DISORDERS	0.155725	0	76.08
76.09	03957	PAIN PROGRAM	0.211265	0	76.09
76.10	03958	COMPEPILEPSY	0.000000	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.478091	684	76.97
76.99	07699	LITHOTRIPSY	0.071480	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	VOICE CLINIC	0.281238	0	90.01
90.02	09002	LUNG CLINIC	0.100064	0	90.02
90.04	09004	ST JUDE CLINIC	0.428528	0	90.04
90.05	09005	SISTERS CLINIC	0.000000	0	90.05
90.06	09006	SPECIAL CLINICS	3.466461	0	90.06
90.07	09007	PALLIATIVE CARE CLINIC	0.000000	0	90.07
91.00	09100	EMERGENCY	0.205515	296,434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.094888	2,202	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		11,474,459	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)		11,474,459	202.00

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

Provider CCN: 14-0067

Period: From 10/01/2015 To 09/30/2016

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/27/2017 11:43 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	40,630	1,052.17	34	35,774	1.00
2.00	INTENSIVE CARE UNIT	43.00	69,507	2,187.27	30	65,618	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,107.87	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		110,137		64	101,392	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.156359	801,470	125,317	8.00	
9.00	RECOVERY ROOM	51.00	0.111537	36,716	4,095	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.307298	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.022035	256,686	5,656	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.111130	735,487	81,735	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.054905	88,478	4,858	15.00	
16.00	MRI	58.00	0.136608	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.025957	36,940	959	17.00	
18.00	LABORATORY	60.00	0.087413	1,301,987	113,811	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.428031	10,367	4,437	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.739881	617	457	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.082090	138,940	11,406	23.00	
24.00	PHYSICAL THERAPY	66.00	0.402877	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.241492	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.059467	551,502	32,796	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.068384	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.214843	440,440	94,625	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.210006	4,390	922	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.084266	368,001	31,010	31.00	
32.00	RENAL DIALYSIS	74.00	0.257089	4,107	1,056	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.107780	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.344547	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	0.998336	0	0	34.02	
34.03	WOUND CARE	76.03	0.220613	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.514681	0	0	34.04	
34.05	NEURO DIAGNOSTIC CENTER	76.05	0.000000	0	0	34.05	
34.08	SLEEP DISORDERS	76.08	0.153019	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.207215	0	0	34.09	
34.10	COMP EPILEPSY	76.10	0.000000	0	0	34.10	
34.97	CARDIAC REHABILITATION	76.97	0.474113	0	0	34.97	
34.99	LI THOTRI PSY	76.99	0.071480	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	VOICE CLINIC	90.01	0.262244	0	0	37.01	
37.02	LUNG CLINIC	90.02	0.100064	0	0	37.02	
37.04	ST JUDE CLINIC	90.04	0.428528	0	0	37.04	
37.05	SISTERS CLINIC	90.05	0.000000	0	0	37.05	
37.06	SPECIAL CLINICS	90.06	3.463437	0	0	37.06	
37.07	PALLIATIVE CARE CLINIC	90.07	0.000000	0	0	37.07	
38.00	EMERGENCY	91.00	0.199098	18,160	3,616	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.000000	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.094888	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			4,794,288	516,756	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: 14-0067

Period: From 10/01/2015 To 09/30/2016

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/27/2017 11:43 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	34	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	30	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			64	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	VOICE CLINIC	23.01	0	0.000000	0	51.01	
51.02	LUNG CLINIC	23.02	0	0.000000	0	51.02	
51.04	ST JUDE CLINIC	23.04	0	0.000000	0	51.04	
51.05	SISTERS CLINIC	23.05	0	0.000000	0	51.05	
51.06	SPECIAL CLINICS	23.06	0	0.000000	0	51.06	
51.07	PALLIATIVE CARE CLINIC	23.07	0	0.000000	0	51.07	
52.00	EMERGENCY	24.00	18,160	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		18,160		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	618,148		4,904,425		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,218,135		3,729,885		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,836,283		8,634,310		61.00	
62.00	Total Usable Organs (see instructions)		88			62.00	
63.00	Medicare Usable Organs (see instructions)		69			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.784091			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,007,995		6,770,085		65.00	
66.00	Revenue for Organs Sold	172,000		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,835,995		6,770,085		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,835,995	0	6,770,085	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: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet D-4

Component CCN:

Date/Time Prepared:
2/27/2017 11:43 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)	16	26			70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	0	0			71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00 Organs Purchased from OPOs	0	60			73.00
74.00 Total (sum of lines 70 thru 73)	16	86			74.00
75.00 Organs Transplanted	16	26			75.00
76.00 Organs Sold to Other Hospitals	0	0		0	76.00
77.00 Organs Sold to OPOs	0	42	172,000		77.00
78.00 Organs Sold to Transplant Hospitals	0	0		0	78.00
79.00 Organs Sold to Military or VA Hospitals	0	0		0	79.00
80.00 Organs Sold Outside the U.S.	0	0		0	80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	4			82.00
83.00 Unusable/Discarded Organs	0	14			83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	16	86			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: 14-0067

Period: From 10/01/2015 To 09/30/2016

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/27/2017 11:43 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,052.17	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,511	2,187.27	2	4,375	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,107.87	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		4,511		2	4,375	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	0.156359	25,565	3,997	8.00	
9.00	RECOVERY ROOM	51.00	0.111537	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.307298	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.022035	3,479	77	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.111130	7,901	878	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.054905	2,988	164	15.00	
16.00	MRI	58.00	0.136608	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.025957	0	0	17.00	
18.00	LABORATORY	60.00	0.087413	28,242	2,469	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.428031	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.739881	191	141	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.082090	65	5	23.00	
24.00	PHYSICAL THERAPY	66.00	0.402877	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.241492	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.059467	2,204	131	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.068384	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.214843	18,186	3,907	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.210006	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.084266	10,970	924	31.00	
32.00	RENAL DIALYSIS	74.00	0.257089	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.107780	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.344547	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	0.998336	0	0	34.02	
34.03	WOUND CARE	76.03	0.220613	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.514681	0	0	34.04	
34.05	NEURO DIAGNOSTIC CENTER	76.05	0.000000	0	0	34.05	
34.08	SLEEP DISORDERS	76.08	0.153019	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.207215	0	0	34.09	
34.10	COMP EPILEPSY	76.10	0.000000	0	0	34.10	
34.97	CARDIAC REHABILITATION	76.97	0.474113	0	0	34.97	
34.99	LI THOTRIPSY	76.99	0.071480	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	VOICE CLINIC	90.01	0.262244	0	0	37.01	
37.02	LUNG CLINIC	90.02	0.100064	0	0	37.02	
37.04	ST JUDE CLINIC	90.04	0.428528	0	0	37.04	
37.05	SISTERS CLINIC	90.05	0.000000	0	0	37.05	
37.06	SPECIAL CLINICS	90.06	3.463437	0	0	37.06	
37.07	PALLIATIVE CARE CLINIC	90.07	0.000000	0	0	37.07	
38.00	EMERGENCY	91.00	0.199098	2,252	448	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.000000	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.094888	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			102,043	13,141	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: 14-0067

Period: From 10/01/2015 To 09/30/2016

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/27/2017 11:43 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	VOICE CLINIC	23.01	0	0.000000	0	51.01	
51.02	LUNG CLINIC	23.02	0	0.000000	0	51.02	
51.04	ST JUDE CLINIC	23.04	0	0.000000	0	51.04	
51.05	SISTERS CLINIC	23.05	0	0.000000	0	51.05	
51.06	SPECIAL CLINICS	23.06	0	0.000000	0	51.06	
51.07	PALLIATIVE CARE CLINIC	23.07	0	0.000000	0	51.07	
52.00	EMERGENCY	24.00	2,252	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		2,252		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	17,516		106,554		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)	68,473		174,886		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)	85,989		281,440		61.00	
62.00	Total Usable Organs (see instructions)		2			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)		1.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	85,989		281,440		65.00	
66.00	Revenue for Organs Sold	10,125		0		66.00	
67.00	Subtotal (line 65 minus line 66)	75,864		281,440		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	75,864	0	281,440	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: 14-0067

Period:

Worksheet D-4

Component CCN:

From 10/01/2015
To 09/30/2016

Date/Time Prepared:
2/27/2017 11:43 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	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	2		73.00
74.00	Total (sum of lines 70 thru 73)	0	5		74.00
75.00	Organs Transplanted	0	0	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	2	10,125	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	3		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	5		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 11:43 pm	
		Title XVIII	Hospital	PPS	
			Before GEO Reclass	On/After GEO Reclass	
			1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	93,143,032		9,895,979	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)	6,035,430		726,693	2.00
2.01	Outlier reconciliation amount	0		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0		0	2.02
3.00	Managed Care Simulated Payments	28,033,040		3,003,110	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	590.30			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)		100.33		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).		4.62		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)		104.95		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		182.70		10.00
11.00	FTE count for residents in dental and podiatric programs.		2.59		11.00
12.00	Current year allowable FTE (see instructions)		107.54		12.00
13.00	Total allowable FTE count for the prior year.		102.31		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.		131.76		14.00
15.00	Sum of lines 12 through 14 divided by 3.		113.87		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		113.87		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.192902		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.172523		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.172523		21.00
22.00	IME payment adjustment (see instructions)		8,372,255	889,510	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,519,778	269,938	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).		25.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		77.75		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		25.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.042351		26.00
27.00	IME payments adjustment factor. (see instructions)		0.011181		27.00
28.00	IME add-on adjustment amount (see instructions)		1,041,432	110,647	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		313,437	33,578	28.01
29.00	Total IME payment (sum of lines 22 and 28)		9,413,687	1,000,157	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,833,215	303,516	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.58		30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.72		31.00
32.00	Sum of lines 30 and 31		36.30		32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.16	19.16	33.00
34.00	Disproportionate share adjustment (see instructions)		4,461,551	474,018	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 11:43 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.001413790	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	9,056,946	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	9,056,946	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,056,946		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
			Before GEO Recl ass	On/After GEO Recl ass	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		122,110,646	12,096,847	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	0	48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			137,344,224	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			10,358,310	50.00
51.00	Exception on payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			4,890,819	52.00
53.00	Nursing and Allied Health Managed Care payment			1,021,241	53.00
54.00	Special add-on payments for new technologies			17,607	54.00
54.01	Islet isolation add-on payment				54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			2,911,859	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).			2,040,497	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			180,036	58.00
59.00	Total (sum of amounts on lines 49 through 58)			158,764,593	59.00
60.00	Primary payer payments			61,827	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			158,702,766	61.00
62.00	Deductibles billed to program beneficiaries			8,793,199	62.00
63.00	Coinurance billed to program beneficiaries			359,051	63.00
64.00	Allowable bad debts (see instructions)			1,461,696	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			950,102	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,254,956	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			150,500,618	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			27,685	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
70.88	SCH or MDH volume decrease adjustment			0	70.88
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)			-388,837	70.93
70.94	HRR adjustment amount (see instructions)			-391,618	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 11:43 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			1,431,647	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			148,260,831	71.00
71.01	Sequestration adjustment (see instructions)			2,965,217	71.01
72.00	Interim payments			143,807,998	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)			1,487,616	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,093,496	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.9962269794	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 11:43 pm
		Title XVIII	Hospital	PPS
		before Geo Reclassification	on/after Geo Reclassification	
		1.00	1.01	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)	106,981		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	43,329,616	0	2.00
3.00	PPS payments	42,053,654	4,206,554	3.00
4.00	Outlier payment (see instructions)	238,749	34,473	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	0.000	5.00
6.00	Line 2 times line 5	0	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	210,727		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	106,981		11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges	1,268,445		12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0		13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,268,445		14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0		15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0		16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)	1,268,445		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,161,464		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)	106,981		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)	46,744,157		24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)	81		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	8,760,542		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)	38,090,515		27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,349,842		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)	39,440,357		30.00
31.00	Primary payer payments	2,031		31.00
32.00	Subtotal (line 30 minus line 31)	39,438,326		32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0		33.00
34.00	Allowable bad debts (see instructions)	1,022,377		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	664,545		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	846,309		36.00
37.00	Subtotal (see instructions)	40,102,871		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)	40,102,871		40.00
40.01	Sequestration adjustment (see instructions)	802,057		40.01
41.00	Interim payments	39,272,931		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	27,883		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: 14-0067 Component CCN: 14-T067	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 11:43 pm
		Title XVIII	Subprovider - IRF	PPS
			before Geo Reclassification on	on/after Geo Reclassification on
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		281	2.00
3.00	PPS payments		153	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)		24	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		285	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)		285	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		285	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		261	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)		24	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)		210	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)		234	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)		234	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		234	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)		234	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)		234	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
41.00	Interim payments		812	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-583	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: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet E-1 Part I Date/Time Prepared: 2/27/2017 11:43 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		143,779,098		39,272,931	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	10/09/2015	28,900		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)		28,900		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)		143,807,998		39,272,931	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		1,487,616		27,883	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		145,295,614		39,300,814	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0067
Component CCN: 14-T067

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 11:43 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,697,463		812	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)		6,697,463		812	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		690,178		583	6.02
7.00	Total Medicare program liability (see instructions)		6,007,285		229	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		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part III Date/Time Prepared: 2/27/2017 11:43 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,801,788 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0131 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			321,999 3.00
4.00	Outlier Payments			71,436 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.62 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.10 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.10 9.00
10.00	Average Daily Census (see instructions)			22.174863 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.004584 11.00
12.00	Teaching Adjustment (see instructions)			26,595 12.00
13.00	Total PPS Payment (see instructions)			6,221,818 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,221,818 17.00
18.00	Primary payer payments			1,500 18.00
19.00	Subtotal (line 17 less line 18).			6,220,318 19.00
20.00	Deductibles			69,076 20.00
21.00	Subtotal (line 19 minus line 20)			6,151,242 21.00
22.00	Coinsurance			26,467 22.00
23.00	Subtotal (line 21 minus line 22)			6,124,775 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,124,775 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			5,108 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,129,883 32.00
32.01	Sequestration adjustment (see instructions)			122,598 32.01
33.00	Interim payments			6,697,463 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-690,178 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			71,436 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067		Period: From 10/01/2015 To 09/30/2016		Worksheet E-4 Date/Time Prepared: 2/27/2017 11:43 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					114.45	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					6.62	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)					121.07	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					182.81	6.00
7.00	Enter the lesser of line 5 or line 6					121.07	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	92.20	85.90	178.10		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.	61.06	56.89	117.95		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		2.59			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	61.06	59.48			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	61.07	59.86			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	60.60	58.72			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	60.91	59.35			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01	
17.00	Adjusted rolling average FTE count	60.91	59.35			17.00	
18.00	Per resident amount	107,307.69	101,730.82			18.00	
19.00	Approved amount for resident costs	6,536,111	6,037,724	12,573,835		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			25.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			61.74		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			24.36		22.00	
23.00	Enter the locally adjustment national average per resident amount (see instructions)			96,447.00		23.00	
24.00	Multiply line 22 time line 23			2,349,449		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			14,923,284		25.00	
		Inpatient Part A	Managed care				
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	55,695	16,953			26.00	
27.00	Total Inpatient Days (see instructions)	167,995	167,995			27.00	
28.00	Ratio of inpatient days to total inpatient days	0.331528	0.100914			28.00	
29.00	Program direct GME amount	4,947,486	1,505,968			29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		212,793			30.00	
31.00	Net Program direct GME amount			6,240,661		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 11:43 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)		13,087,265	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)		155,290,575	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,911,859	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		63,327	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		158,139,107	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		43,647,629	42.00
43.00	Primary payer payments (see instructions)		2,031	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		43,645,598	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		201,784,705	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.783702	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.216298	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		6,240,661	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,890,819	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,349,842	50.00

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

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet G

Date/Time Prepared:
2/27/2017 11:43 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	13,298,614	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	927,216,026	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-695,502,673	0	0	0	6.00
7.00	Inventory	13,481,888	0	0	0	7.00
8.00	Prepaid expenses	679,286	0	0	0	8.00
9.00	Other current assets	22,734,413	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)	281,907,554	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,792,970	0	0	0	12.00
13.00	Land improvements	9,343,262	0	0	0	13.00
14.00	Accumulated depreciation	-7,365,110	0	0	0	14.00
15.00	Buildings	654,103,200	0	0	0	15.00
16.00	Accumulated depreciation	-271,516,503	0	0	0	16.00
17.00	Leasehold improvements	3,024,102	0	0	0	17.00
18.00	Accumulated depreciation	-2,837,332	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	256,784,112	0	0	0	23.00
24.00	Accumulated depreciation	-189,408,834	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	19,458,814	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	481,378,681	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,009,667,186	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,254,154	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,011,921,340	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,775,207,575	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,397,829	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-684,113	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	52,212	0	0	0	40.00
41.00	Deferred income	3,623,112	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-60	0	0	0	43.00
44.00	Other current liabilities	87,748,096	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	106,137,076	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	119,058	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,678,304	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,797,362	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	107,934,438	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,667,273,137	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,667,273,137	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,775,207,575	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-1

Date/Time Prepared:
2/27/2017 11:43 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,490,117,937		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		227,246,397			2.00
3.00	Total (sum of line 1 and line 2)		1,717,364,334		0	3.00
4.00	CHANGE IN TRNA	13,120,245		0		4.00
5.00	CHANGE IN PRNA	7,460,954		0		5.00
6.00	OTHER UNRESTR CHANGE	115,481		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)		20,696,680		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,738,061,014		0	11.00
12.00	EQUITY TRANSFER	70,787,877		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)		70,787,877		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,667,273,137		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CHANGE IN TRNA		0			4.00
5.00	CHANGE IN PRNA		0			5.00
6.00	OTHER UNRESTR CHANGE		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	EQUITY TRANSFER		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2017 11:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	244,817,730		244,817,730	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	10,196,348		10,196,348	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)	255,014,078		255,014,078	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	111,880,310		111,880,310	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	32,667,805		32,667,805	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	144,548,115		144,548,115	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	399,562,193		399,562,193	17.00
18.00	Ancillary services	1,854,727,300	1,549,274,361	3,404,001,661	18.00
19.00	Outpatient services	39,177,134	77,442,351	116,619,485	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	19,249,176	169,275,679	188,524,855	27.00
27.01	TRANSPLANTS	3,768,699	522,531	4,291,230	27.01
27.02	CLINICS	112,765	4,399,423	4,512,188	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,316,597,267	1,800,914,345	4,117,511,612	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		907,280,148		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		907,280,148		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet G-3 Date/Time Prepared: 2/27/2017 11:43 pm
------------------------------------	-----------------------	---	--

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,117,511,612	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,054,878,281	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,062,633,331	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	907,280,148	4.00
5.00	Net income from service to patients (line 3 minus line 4)	155,353,183	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,829,065	6.00
7.00	Income from investments	53,970,457	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	158,068	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	542,378	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	3,640,332	17.00
18.00	Revenue from sale of medical records and abstracts	300,543	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	7,712,240	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	132,465	21.00
22.00	Rental of hospital space	917,717	22.00
23.00	Governmental appropriations	0	23.00
24.00	GENERAL RESEARCH	1,073,882	24.00
24.01	OTHER REVENUES	5,391,745	24.01
24.02	COMM HEALTH ED	90,601	24.02
25.00	Total other income (sum of lines 6-24)	80,759,493	25.00
26.00	Total (line 5 plus line 25)	236,112,676	26.00
27.00	FEDERAL AND STATE TAXES	3,155,843	27.00
27.01	RISK VALUE BASED RESERVE	2,880,454	27.01
27.02	MINORITY INTEREST	2,829,982	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	8,866,279	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	227,246,397	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0067	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 2/27/2017 11:43 pm	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		7,400,580	786,269	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		838,052		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)		436.83		3.00
4.00	Number of interns & residents (see instructions)		138.87		4.00
5.00	Indirect medical education percentage (see instructions)		9.39		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)		768,745		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.58		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.72		8.00
9.00	Sum of lines 7 and 8		36.30		9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.63		10.00
11.00	Disproportionate share adjustment (see instructions)		564,664		11.00
12.00	Total prospective capital payments (see instructions)		10,358,310		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